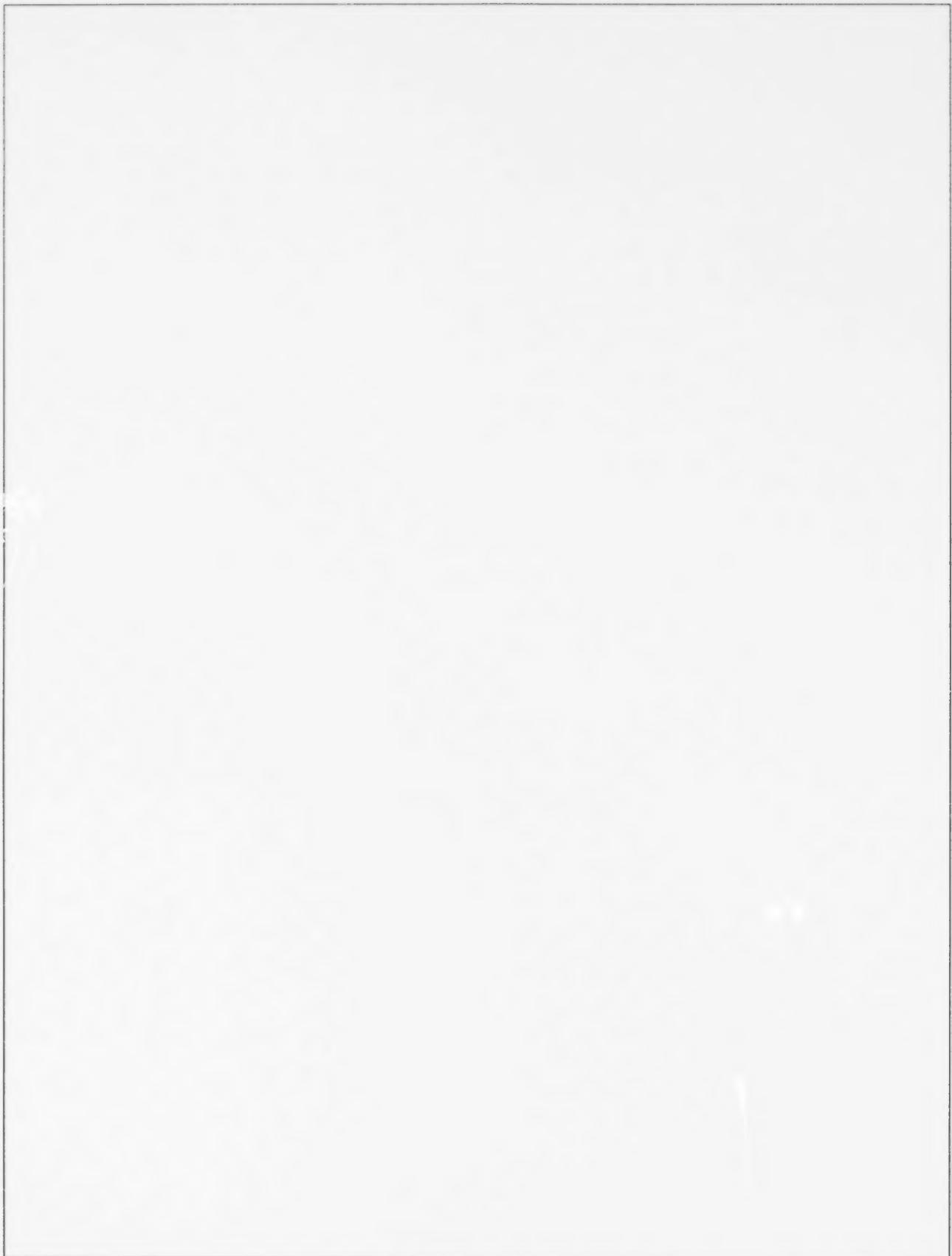




**SUNRISE  
REGIONAL HEALTH AUTHORITY**

**2007-2008**

**ANNUAL REPORT**



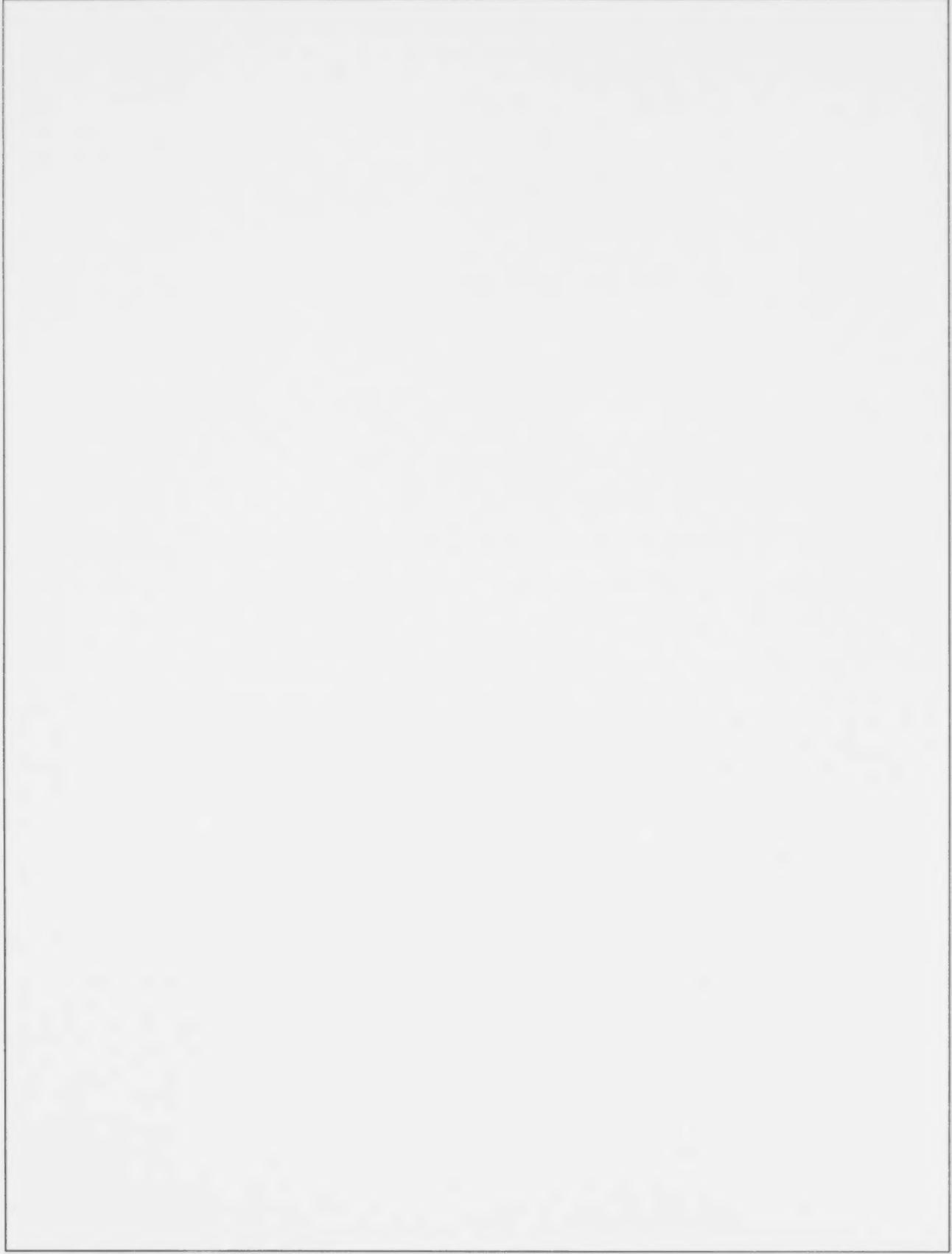
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To view a copy of this report on-line, visit the Sunrise Health Region website at [www.sunrisehealthregion.sk.ca](http://www.sunrisehealthregion.sk.ca). Click on 'Reports & Studies' side menu on the left of the home page.

Hard copies of the Annual Report are available at Sunrise Health Region's Executive Office:  
Park Unit (Yorkton Regional Health Centre campus)  
270 Bradbrooke Drive  
Yorkton, Saskatchewan S3N 2K6

or by calling (306) 786-0110.



## **Letter of Transmittal**

June 25, 2008

The Honourable Don McMorris  
Minister of Health  
Province of Saskatchewan

Dear Mr. McMorris:

The Sunrise Regional Health Authority is pleased to provide you and the residents of the health region with its 2007-2008 Annual Report.

The report provides the audited financial statements of the region for the year ended March 31, 2008. The report also outlines the region's activities and accomplishments for the period.

Respectfully submitted,

*I C Peterson*  
Ivan Peterson  
Chairperson  
Sunrise Regional Health Authority

## Who We Are

Sunrise Health Region is one of thirteen health regions in the Province of Saskatchewan, Canada guided by specific directions in the Accountability Document for the prudent and ethical use of public funds. The mission of the Sunrise Health Region is ***to improve the health and well-being of individuals and communities through leadership, collaboration and the provision of high quality health services.***

In support of this mission, our board, management, staff, volunteers and physicians will strive to abide by the following values:

We will promote a **positive work environment** that is safe and secure, stimulating, challenging and enjoyable.

We will serve in a **caring, concerned and compassionate** manner.

We will provide the **highest possible quality** in all aspects of care and service delivery.

We will base our decisions on the **best available evidence**.

We will treat people with **dignity, respect and trust**.

We will communicate **openly and honestly**.

We will acknowledge the **rights and responsibilities** of individuals, both in receiving and delivery of care or service.

We will fulfill our mission by pursuing **teamwork, partnership and collaboration**.

We will be **accountable** for our actions to the people we serve and to each other.

We will be **responsive** to the culturally-diverse needs of the people we serve.

The mission and values of the health region are devoted to achieving our long-term vision: ***Working together ... for healthy people in healthy communities.***

The vision, mission and values of Sunrise Health Region align with the goals of Saskatchewan Health for the provincial health system:

- *Improved access to quality health services*
- *Effective health promotion and disease prevention*
- *Retain, recruit and train health providers*
- *A sustainable, efficient, accountable, quality health system*

The Sunrise Board provides staff with direction in the form of board approved strategic goals. For most of the 2007-08 year, the health region operated with five strategic goals statements:

- Goal #1 – Align services to changing needs*
- Goal #2 – Effective health promotion and disease prevention*
- Goal #3 – Employee engagement*
- Goal #4 – An efficient, accountable and quality health system*
- Goal #5 – Enhance a culture of safety and quality*

Staff members throughout the health region participated to support these five goals with the addition of objectives, key initiatives and performance measures. The Board received monitoring reports throughout the year to track progress. The Strategic Plan guided development of annual operational plans for various departments and programs.

The **Sunrise Regional Health Authority (RHA)** provides health services to the residents of 49 cities, towns and villages, 28 rural municipalities, and three First Nations in east central Saskatchewan – approximately 56,300 Saskatchewan residents in total.

Roughly 2,820 staff members in the region provide and support health care through community-based services and within our 24 facilities. The region's head offices are located in Yorkton, a city of 17,260 residents, which is the largest and the most central community in the region and is the location of the regional health centre.

Services provided to the health region population include a comprehensive range of preventive/promotive, acute, supportive and rehabilitative services, provided in institutions, communities and people's homes. Below is a sampling of service volumes provided during 2007-2008 in Sunrise Health Region:

- six hospitals in Yorkton, Melville, Esterhazy, Kamsack, Canora and Preeceville, for a total of 185 acute care beds; plus 18 acute mental health inpatient beds in Yorkton.
- operated sixteen long-term care facilities (some of which are integrated with hospitals) in thirteen communities, providing a total of 900 long-term care and respite beds
- provided over 33,928 hours of home care nursing service
- 116,148 hours of home care support/personal care and 40,320 "Meals on Wheels"
- 21,295 outpatient physiotherapy/occupational therapy visits; 11,910 inpatient therapy visits
- each day cleaned and maintained 97,574 sq ft of health care facilities
- washed, dried and folded over 3 million pounds of laundry (health region & resident laundry)
- performed 3,899 day surgeries
- emergency room visits 60,907
- cared for 2,528 palliative care clients
- 44,988 X-ray exams and 6,913 mammography exams
- attended 4,151 Emergency Response calls
- 12,335 Mental Health visits
- brought 651 newborns into the world
- provided a wide range of health promotion and illness prevention services across the region and in partnership with many community organizations and human services providers.

Partnerships with the following health care organizations greatly assist Sunrise Health Region in addressing its goals:

#### **KidsFirst**

KidsFirst is an early childhood development program, intended to provide vulnerable children with the best possible start in life, and to encourage nurturing and supportive well-functioning families and communities. KidsFirst provides home visiting services, early learning and child care spaces, mental health and addiction counseling, and other supports to families in need. Sunrise Health Region is the accountable partner and provides KidsFirst with financial, payroll and information technology services for a fee.

#### **Society for the Involvement of Good Neighbours (SIGN)**

SIGN is a private non-profit corporation located in Yorkton in partnership with local agencies and organizations to develop and deliver needed services to area residents. Sunrise Health Region contracts with SIGN for services, with an annual service agreement that sets out the budget and terms and conditions of the services provided. In 2007-08, Sunrise Health Region integrated alcohol and drug services and located them in the SIGN building.

#### **Emergency Medical Services**

Sunrise Health Region provides emergency medical services, ambulance services, and first responder services to communities in the health region by a combination of contract ambulance services and region-owned services. The ambulance services in the region are:

##### **Privately contracted:**

*Canora Ambulance Care*  
*Crestvue Ambulance Services (Yorkton and area)*  
*Duck Mountain Ambulance Care (Kamsack, Norquay and area)*  
*Preeceville Ambulance Service*  
*Shamrock Ambulance Service (Foam Lake and area)*

##### **RHA owned and operated:**

*Esterhazy Emergency Medical Service*  
*Ituna Emergency Medical Service*  
*Langenburg Emergency Medical Service*  
*Melville Emergency Medical Service*

#### **Affiliated Health Care Organizations: St. Paul Lutheran Home, Melville; St. Peter's Hospital, Melville; St. Anthony's Hospital, Esterhazy**

Affiliated with Sunrise Regional Health Authority are three faith-based facilities. St. Paul Lutheran Home is a 144-bed long-term care facility; St. Anthony's is a 22-bed hospital; and St. Peter's is a 30-bed hospital. (St. Paul and St. Peter's are located together with the Saul Cohen Centre and community-based services in Melville, as part of the Melville District Health Centre). *The Regional Health Services Act* defines the financial and operational relationship of health regions and affiliates. Governed by its own Board of Directors, each affiliate appoints a facility administrator to oversee the facility's staff and management team. The three affiliates and Sunrise Health Region have a very close, and almost completely integrated, management team. The affiliates have chosen a relationship whereby they follow

all policies and procedures of the region (that do not infringe upon the faith-based mandates of the organizations); human resource, finance and operational support services are fully integrated. Together, the Sunrise Health Region and its affiliate partners produce a consolidated financial statement each year.

One of Sunrise Health Region's major accomplishments is the highly cooperative, successful, and proactive relationship with the affiliated health care organizations.

In providing the services, Sunrise faces a number of risks each year that it attempts to mitigate through a variety of means. In 2007-08 the risks, and their mitigations, include:

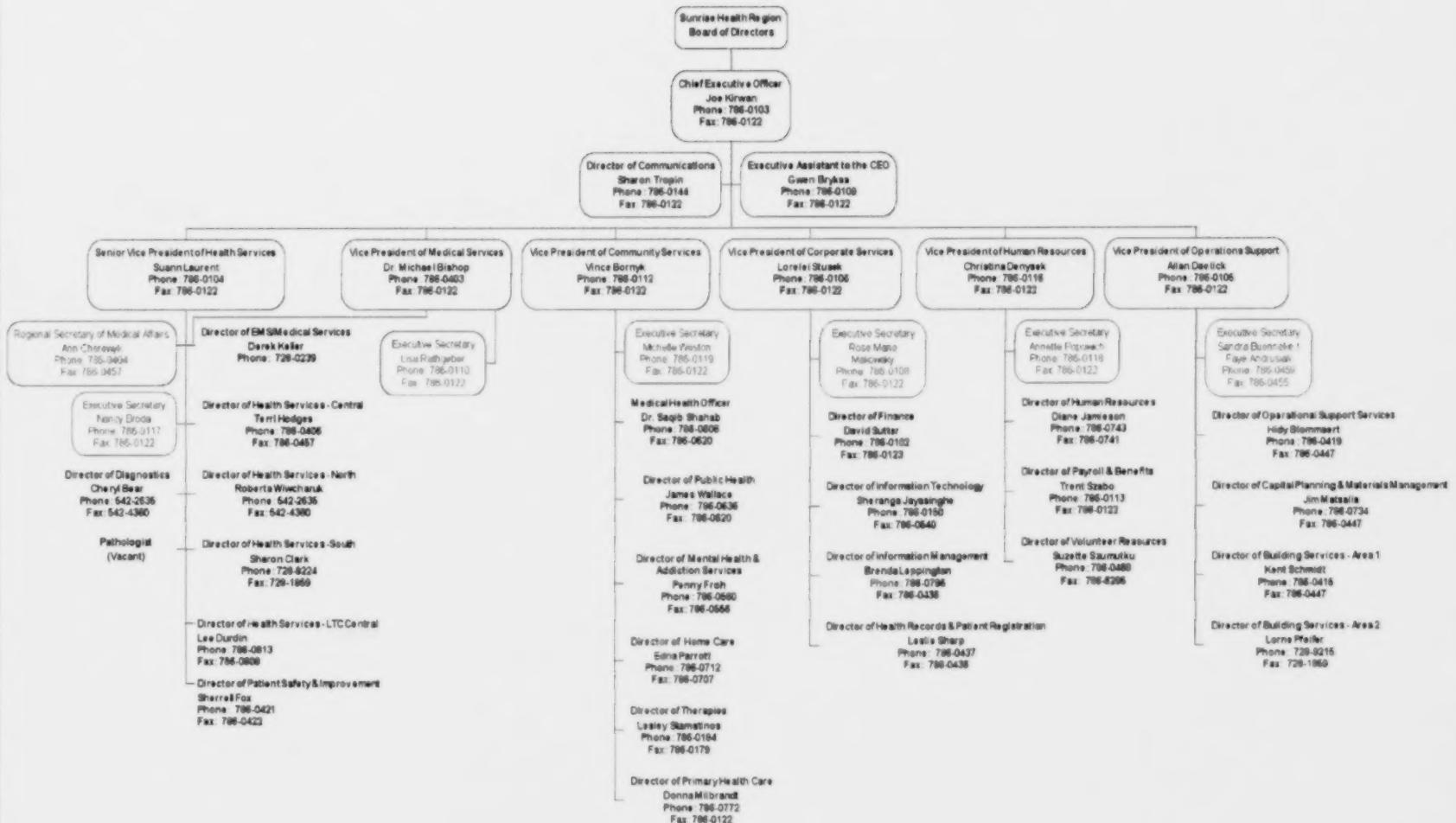
- In 2007-08, as in recent years, capital needs far exceeded financial resources for facility repair, maintenance and replacement. Funding for capital equipment was also severely lacking. The health region contained costs, as much as possible, and relied upon the trades people employed in our maintenance departments for much of the repair and renovation work needed. In 2007-08, the health region signed an agreement with Sask Power for an Energy Rejuvenation and Renewal Project that will upgrade the heating, cooling, lighting and ventilation systems in the Yorkton facilities and that will replace the windows in the patient areas of Yorkton Regional Health Centre; this work is continuing into 2008. Sask Power guarantees annual savings to offset the cost of these renovations. Sunrise Health Region is the first health region in the province to use this innovative method to finance building upgrades. The project will address some concerns and much needed capital repair. Late in the 2007/08 fiscal year, the Province announced additional capital equipment funding for surgical and safety equipment totaling 1.3 million dollars. Due to the desire to provincially coordinate purchasing, and thus maximize buying power, these purchases will be made in 2008.
- VFA Canada Corporation completed a health infrastructure study, commissioned by the Province in 2007-08. The results identify Sunrise Health Region as having infrastructure funding needs of \$93.5 million, the third highest funding need in the province behind Saskatoon and Regina Qu'Appelle RHAs. With the provincial focus on rebuilding infrastructure, the health region has some optimism that the will is present to address these needs. The VFA study will guide future infrastructure decisions and Sunrise Health Region has integrated the study and accompanying maintenance-tracking system into our operations.
- Physician shortages in several communities caused repeat interruptions in service through the early part of the year. Intensive recruitment by the health region, communities and existing physicians resulted in new physicians who considerably eased the problem by the end of 2007. In 2007, the health region hired a Nurse Practitioner in Preeceville as a support to the community and lone physician. The region was able to recruit a second physician to Preeceville in June 2007. The health region successfully met the criteria for the addition of Preeceville as an officially recognized and provincially funded Primary Health Care site.

- Health region funding is based on an average year. During development of the 2007-08 budget it was identified that the resources of the region would be stressed due to the leap year and two statutory holidays more than an average year. One day of operations in Sunrise Health Region cost \$440,000 in 2007-08.
- High overtime costs and third weekend premiums resulted in financial pressures in 2007-08. Overtime was principally in nursing due to staffing pressures. A nursing recruitment trip to the Philippines and 61 nurses due to arrive in 2008 should provide some relief. The age of the Sunrise Health Region workforce suggests the need for intense recruitment efforts for many job classifications in addition to nursing. Recruitment and retention will require focused attention into the near future.
- The region increased its attention on outbreak management in 2007-08 due to the high number of declared outbreaks, related risks for staff and patients, and associated costs. This effort seems to have attained some measured success. Although the number of reported illness outbreaks has increased, there was shorter duration of outbreaks.

#### Sample Volumes and Costs 07-08

Service	07-08 Volumes	Cost per service	Total annual cost
Laboratory Tests	1,178,341	\$4.73	\$5,570,456
Operating Room Surgical Cases	1,151	\$2,561.20	\$2,947,944
Hemodialysis Patients	379	\$4,580.59	\$1,736,043
Emergency Room Visit (YRHC only)	27,110	\$80.90	\$2,193,203
CT Scans	5,676	\$152.66	\$866,498

**SUNRISE HEALTH REGION  
EXECUTIVE LEVEL  
ORGANIZATIONAL CHART  
(May, 2008)**



# Our Region

## **Demographics and Other Factors**

Sunrise Health Region has a total covered population of 56,300 (2007 Covered Population), an increase of 101 people from 2006. Although only a slight increase, this is the first growth in population since the region formed in 2002. In addition to this slight in-migration, there was population shift within the health region with increases to the population of towns and cities and 391 fewer people living in the rural municipalities and first nation communities.

Within the region, the City of Yorkton's population increased by 156 people, which has a population of 17,260, and is home to 31% of the region's total population.

Other larger communities in the region, and their respective populations, are Melville (4,479); Esterhazy (2,664); Canora (2,388); Kamsack (1,932); Preeceville (1,221); Foam Lake (1,246); and Langenburg (1,200). The populations in all are slightly higher than the population recorded in 2006. These seven communities have a total population of 15,130, which is an increase of 238 from the previous year. These communities are home to 26.9% of the region's population.

Throughout the remaining 69 rural municipalities, towns, villages and hamlets live 22,401 people (309 fewer than in 2006) and 1,509 residents live on the Cote, Key, and Keesekoose First Nations (82 fewer than in 2006).

A key characteristic of the health region's population is that it is significantly older than the provincial average; its population can be appropriately described as the *oldest* in the province. Of the health region's population 22% are over age 65 (provincially, 14.7%), while 10% are over the age of 75 (provincially, 8%). Interestingly, the Sunrise Health Region percentages did not change and the province had an increase percentage in both the over 65 and over 75 percentage of population.

Another demographic challenge in Sunrise Health Region is the region's dependency ratio – the ratio of young and older people compared to the working age population. Sunrise is among the highest dependency ratios in Canada, at a rating of 61%. (The dependency ratio is the number of youth under age 15 plus the number of seniors 65 and over, divided by the number of people age 15 to 64).

The age of the workforce, labour shortages, recruitment, and retention of sufficient qualified workers are concerns not unique to this health region. Forty three percent of the Sunrise Health Region's 2,820 employees are over the age of 50. This number is similar to the demographic make-up of the region with 41.8% of the population over the age of 50 years.

## **Health Status and Outcome Indicators**

The health status of the population of Sunrise Health Region is tracked provincially and each year all health regions are instructed by the province to report on the following group of indicators. This is only a sampling as many other indicators are also gathered and monitored by the province and health region.

\*\* Please refer to source documents for details on the indicators, the sources for their calculations and methodology. The source document used by Sunrise Health Region in preparing this report is "Performance Management Accountability Indicators 2007/2008", prepared by Saskatchewan Health. Within that document, various indicators have different sources and different years from which the information was taken.

### ***Infant Mortality***

Sunrise has a low infant mortality rate relative to the provincial average. Factors that influence infant mortality rates include; effectiveness of pre-natal care, maternal education, drug, alcohol and tobacco use of expectant mothers, and diet/nutritional awareness of expectant mothers.

Low infant mortality is also closely related to low birth weight rates. Sunrise has among the lowest average rate of low birth weight babies in the province. This data was collected between 2002-04.

	SHR	Sask	Prov Range
<b>Infant Mortality, per 1,000 live births (2002-2004)</b>	4.5	5.9	4.0-10.5

### ***Life Expectancy***

Residents of Sunrise Health Region have a life expectancy very close to the provincial average, slightly higher than the provincial average for women and slightly lower for men. Average life expectancy for a population is influenced by socio-economic factors such as education and income levels, for which Sunrise Health Region compares poorly with the province as a whole. Other factors that influence life expectancy include obesity, being overweight, and level of physical activity and the health region compares poorly with the provincial average for these factors. Life expectancy data was collected in 2001.

	SHR	Sask	Prov Range
<b>Life Expectancy (2001)</b>			
At-birth, Male	75.6	76.2	72.1-78.2
At-birth, Female	82.2	81.8	76.1-82.8
At 65, Male	16.6	16.9	15.6-18.0
At 65, Female	20.8	20.9	17.2-21.8

### ***Overweight, Obesity and Physical Activity***

Sunrise Health Region has significantly higher rates of overweight people, higher obesity rates and lower rates of physical activity than the provincial average. These factors interact, and are risk factors for many chronic illnesses such as diabetes and heart disease. Because overweight and obesity were measured in the population 20-64 years of age, and physical activity in population ages 12 and over, lower rates in Sunrise may be due to the fact that we have proportionately more people ages 45 and over, and especially ages 65 and over, compared to other parts of the province. This data was collected in 2005.

*Overweight, Obesity and Physical Activity indicators*

	SHR	Sask	Prov Range
<b>Overweight (BMI 25.0-29.9)</b>	36.12%	32.52%	30.53%-36.12%
<b>Obese (BMI&gt;30.0)</b>	21.89%	20.3%	16.88%-24.19%
	SHR	Sask	Prov Range
<b>Physical Activity (self-reported, age 12+)</b>			
Active/moderately active	43.42%	48.62%	38.6%-53.35%
Inactive	54.98%	49.52%	44.06%-58.77%

***Self-reported Health Status***

The percentage of people in Sunrise Health Region (SHR) who report their health as either very good or excellent is significantly below the provincial average, and the lowest of all health regions. Self-reported health status can be influenced by age (Sunrise Health Region has the highest percentage of people over the age of 65, and over the age of 75, in the province) and socio-economic status (Sunrise is below the provincial average for income level and educational attainment). The data for this indicator was collected in 2005.

	SHR	Sask	Prov Range
<b>Self-Reported Health Status</b>			
Excellent/Very Good Health	39.86%	52.35%	39.86%-57.96%

***Diabetes Rate***

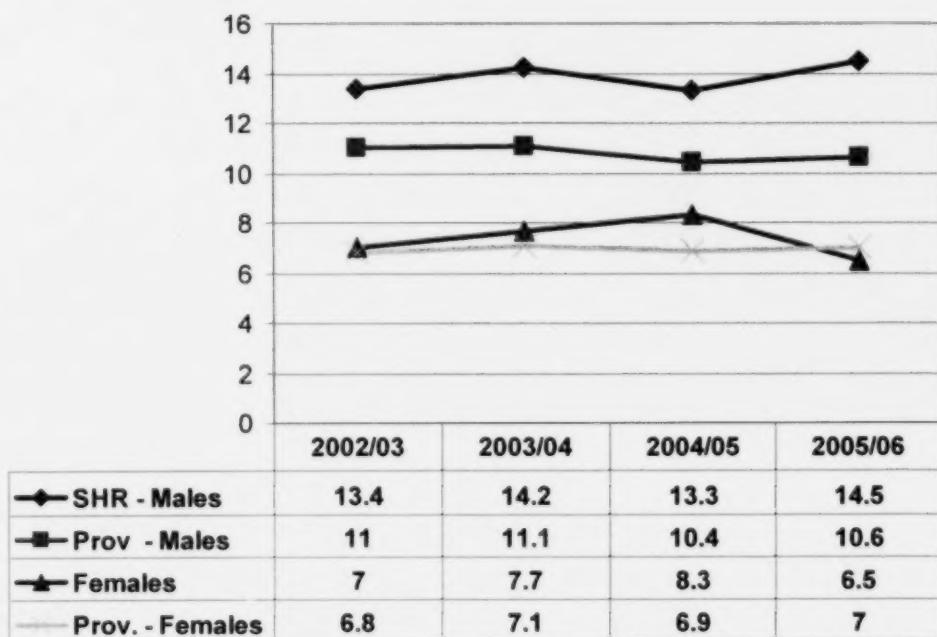
Diabetes can be influenced by factors for which Sunrise Health Region compares poorly (physical inactivity, high rates of obesity/overweight, age of the population). Diabetes is also of greater prevalence in the First Nations population, which in Sunrise Health Region is about eight per cent of the total population. Data for this indicator was collected in 2004/05 and in 2005/06. Note that the rate has increased between those years both in Sunrise Health Region (SHR) and in the province (Prov Range).

	SHR 05/06	SHR 04/05	Sask	Prov Range 05/06	Prov Range 04/05
<b>Diabetes Rate, per 1,000 population (age/sex adjusted)</b>	60.6	57.6	n/a	44.3-101.7	41.8-95.8

### **Child/Youth Injury Hospitalization Rates**

Injury is the leading cause of hospitalization and deaths in children and youth in Canada. The most recent data for this indicator is from 2005/06. Sunrise Health Region rates for female children/youth are similar to the provincial average. The rate for male children/youth is higher than the provincial average and in 2005/06 the rate for Sunrise Health Region recorded the highest rate in four years at 14.5 hospitalizations per 1,000 population. Conversely, the Sunrise Health Region rate for female children/youth was its lowest in four years in 2005/06. Hospitalization rates can be affected both by the actual number of injuries, and by hospital admission practices and hospital bed availability.

**Injury hospitalization rate per 1,000 population  
Children & Youth (age 0 to 19 years)**



## **2007-2008 Results at a Glance**

The 2007-2008 fiscal year was a successful one for Sunrise Health Region in many respects, with several notable achievements and activities that align with the four provincial goals.

### ***Improved access to quality health services***

- Long-term care
  - Increased privacy with reduced double rooms
    - 10 Yorkton & District Nursing Home, 1 Norquay Health Centre, and 1 Esterhazy Centennial Special Care Home
  - "Life Worth Living" philosophy (Eden) - St. Paul Lutheran Home
  - Least Restraint policy implemented
  - Long-term Care admission information package developed
  - County Fair – Yorkton District Nursing Home June 2007
  - Annual LTC Client Satisfaction Survey – implemented
- Primary Care
  - Preeceville primary care team developed
  - Preeceville joined Foam Lake as official/province funded Primary Care sites
  - Langenburg – still funded solely by the health region due to the provincial criteria for physician participation
  - Nurse Practitioner home visit pilot project – Norquay
- Acute Care
  - Award winning "Patient Access and Bed Flow" project reduced the timeframe to access a bed in Regina or back to Sunrise by 36%
  - Guarantee RN relief pool initiated at Yorkton Regional Health Centre
  - Regional Discharge Planning Committee
  - Recruitment of physicians
    - 8 physicians arrived in 2007-08
    - 64 physicians currently practicing in the region (includes family physicians, specialists, ophthalmologists, chiropractors & dentists)
- Bariatric Program
  - Enhanced with policies and procedures developed, client survey, equipment purchased
- Sterilization Standards
  - Accreditation sterilization standards were piloted
  - Sterile Processing Conference hosted in Yorkton
  - Provincial auditor's review
- Kamsack Health Services Manager
  - Added to enhance administration support in Kamsack
- Lab & Diagnostics
  - Tier 1 Radiology coverage October 1, 2007
  - Laboratory Quality Assurance Program – inspections
  - Diagnostic Imaging Audit – Yorkton department
  - Radiologist Associates of Regina – site visits Melville, Preeceville, Norquay laboratories

### ***Effective health promotion and disease prevention***

- Behavioural Management Consultant
  - Regionally expanded services to home care and acute care clients
- Reduce the stigma of mental illness
  - Community coffee break, displays and newspaper articles
- Food and nutrition policy
  - Developed, in the process of being promoted and implemented
- Resources to support schools
  - New Canada Food Guide education, "Rethink your Drink" program all grade 4 classes, Saltcoats held School Autumn Summit, targeted audience 1,000 students from 44 schools
  - Training, resources, prevention and cessation supports for Good Spirit School Division's - Tobacco Free Policy implementation
- Health Promotion Grants
  - 37 community projects received a total of \$30,000
- Breastfeeding awareness and support
  - Creation of a drop-in clinic every Wednesday at Yorkton Public Health; commenced October 2007
  - On-line breastfeeding support training started for staff
- Senior Falls Prevention
  - Falls prevention education, event and play performed by Paper Bag Players Drama Group, 180 seniors attended
- Deceased substance use and abuse
  - Positions hired for "secure detox" follow-up
  - 8 community drug consultations held – over 400 participants
  - 3 youth drug strategy groups formed -Yorkton, Melville, Langenburg
  - Prevention of Alcohol and Risk Related Trauma in Youth (PARTY)sessions held in 7 communities
- New Therapy Model (Occupational, Physical and Speech-Language)
  - Joint protocol signed with the Good Spirit School Division and Christ the Teacher School Division to improve continuity of therapy service from 0-18 yrs
- Improving communication with aboriginal communities
  - Information sharing forums held between SHR and Key, Keesekoose, Cote First Nations and Yorkton Tribal Council
- Active Transportation Committee formed
  - Completed 11 identified tasks in collaboration with communities for promotion of walking, bike trails, bike racks, activity challenges (1600 students), Stepping Out programs, walking, biking safety and security audit
- Plagiocephaly (Baby Flat Head) prevention program
  - New program implemented on proper positioning of babies
- Chronic Disease Management
  - "Living Well with Chronic Conditions" - 13 programs (6-sessions each) held in nine communities including 5 programs in first nation communities - 140 participants
  - completed "Wave 2" of the Health Quality Council Collaborative

- Alzheimer's Disease Awareness
  - Education blitz about this illness and services, partnership with Yorkton Short Film & Video Festival and Alzheimer Society Saskatchewan, movie premiere "Away from Her" with legendary Canadian actor Gordon Pinsent participating in panel discussion
- Diabetes Education
  - Increased staffing to improve service quality & access
  - SHR partnered with other agencies to provide self-management workshops in Key First Nation, Foam Lake and Yorkton

### ***Retain, recruit and train health providers***

- Follow-up to staff survey
- Focus groups held with 465 staff attending and a final report complete
- Improvements in time away from work due to injuries reduced WCB rates by 7.9% in 2007
- Transfer, Lift, Repositioning (TLR) training for staff 161 – TLR Object 179 TLR client total staff trained to date 1,553
- Supervisory training initiated
- Aboriginal awareness training - 72% of staff received this education (Jan '08)
- Continue to actively recruit in Saskatchewan and neighbouring provinces
- Recruitment trip to the Philippines – 61 nurses will begin to arrive in the next few months

### ***A sustainable, efficient, accountable, quality health system***

- Annual portfolio reports
  - Presented for Human Resources, Corporate Services, Operations Support, Health Services, Community Services, Communication, Patient Safety, Quality and Risk Management
- VFA Canada Corporation facility infrastructure review of all health facilities in the province
  - Is being utilized as a base for the Capital Management Plan
  - Software installed and staff training to update and analyze data about facility infrastructure
- Risk Management
  - Regional framework established
  - Risk Management Inventory for region established
- Sunrise Clinical Managers program
  - Part of the electronic health record
  - 252 users
- Pharmacy Information Program
  - Implemented at all acute care sites in the region
- Nursing Education package developed
  - "Administration and Adverse Events for Blood Products"
- Regional focus on enhanced patient safety and improvement
- Regional safety reporting enhanced
- Involved in national initiative "Safer Health Care Now"
- Improved illness outbreak tracking and management

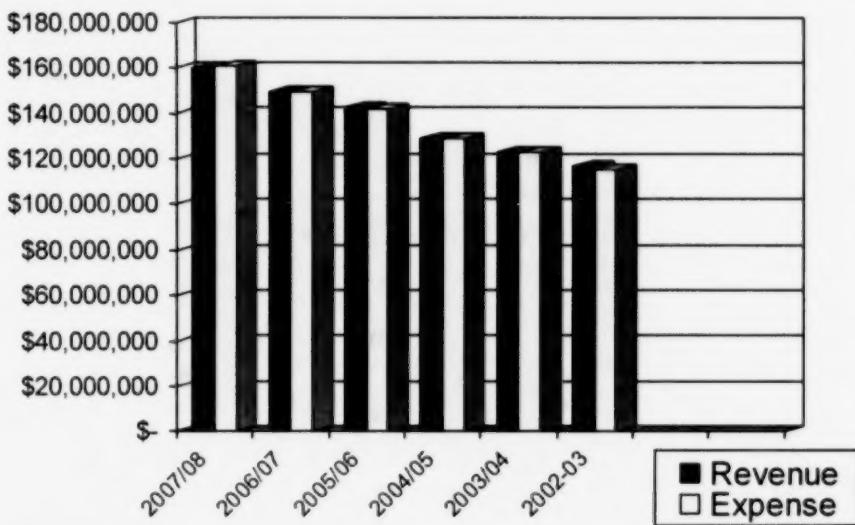
- Improved hand hygiene protocols
- Safety Tips Brochure developed
- Saskatchewan Health Issue Alerts regional follow-up processes

### **Financial Summary**

Deficit predicted throughout the year due to:

- Leap Year
- Overtime
- Year end deficit - \$752,820
- Less than half of one percent of overall budget ( .47%)
- Expenditures on program support, as a percentage of overall health region expenditures 4.7%, below the provincial target of 5%

### **Year End Financial Comparisons**



## **2007-2008 Performance Results**

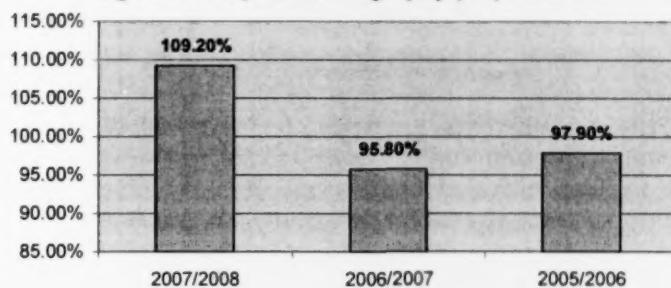
The relationship between Sunrise Health Region, the Minister of Health, and the Department of Health is defined by *The Regional Health Services Act*. On an operational basis, the Accountability Document provides direction. The Accountability Document provides a substantial number of measures, which serve to identify priority areas for the Region.

The reportable indicators listed below are organized according to the four goals of the Saskatchewan health care system. As health region data collection systems mature it is now possible to produce enough reliable, comparable data to demonstrate trends in some areas.

### ***Improved access to quality health service***

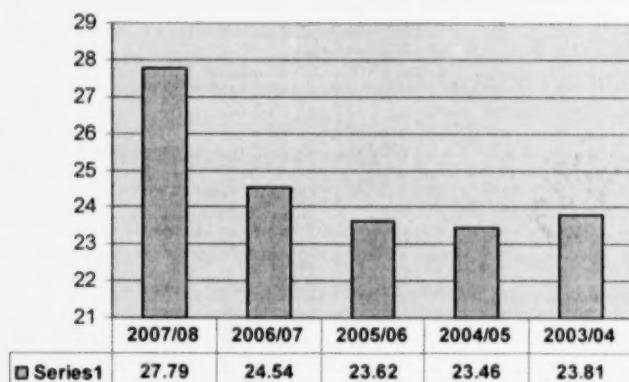
In 2007-08 the performance target established by the province for the number of patients to receive CT scans in Sunrise Health Region was 3,245. The actual number of patients to receive CT scans was 3,544. In 2007-08 Sunrise Health Region exceeded the goal set and the number of patients as a percentage of agreed on target for computed tomography (CT) services was 109%. The provincial average for this indicator is 101.9%. The significance of these results is that 402 more patients received CT exams in 2007-08 than in the previous year and 1,066 more patients received CT scans in 2007/08 than had been possible in 2005/06.

**Number of patients as a percentage of agreed on target for computed tomography (CT) services**



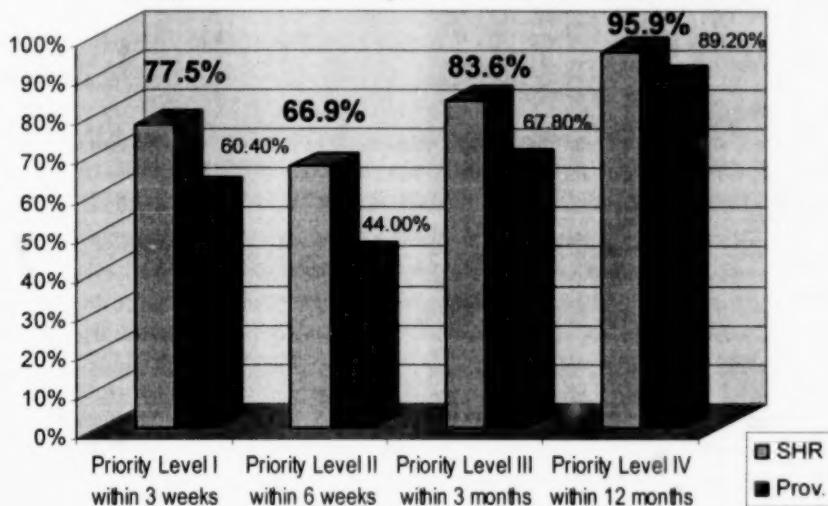
The indicator to measure hemodialysis services is patient years. A patient year of hemodialysis is the number of hemodialysis treatments provided divided by 156 (the number of treatments provided to a hemodialysis patient requiring three times per week for 52 weeks). In 2007/08 Sunrise Health Region completed a total of 4,335 treatments or 27.79 patient years. There has been a steady increase in access to this service and in 2007-08 there were 507 more hemodialysis treatments than in the previous year.

**Number of patient years of dialysis provided - Hemodialysis**



The following indicator measures surgical wait-times. In 2007/08 the Sunrise Health Region exceeded the provincial value for the percentage of surgical cases completed within target time frames for all priority levels.

**Percentage of Priority Level I, II, III, IV Surgical Cases completed within target time frames 2007/2008**



Sunrise Health Region has been consistently close to target for the number of surgeries being performed in each of the last three years. The target for the number of surgeries completed in Sunrise Health Region in 2007-08 was 3,400; the actual number completed was 3,352 or 42 less than the target.

**Cumulative number of surgical cases performed as a percentage of target and variance of target**

	2007/2008	2006/2007	2005/2006
Percentage of target	98.60%	99.70%	106%
Variance of target	-48	-10	193

This is the first year that the average wait time for admission to alcohol and drug outpatients services indicator has been available. Wait time in the province ranges from 2.7 to 12.3 days. In Sunrise Health Region the average wait time was 9.3 days.

<b>Average wait time for admission to alcohol and drug outpatient services (in days)</b> 2007/2008	<b>9.3</b>
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The percentage of RHA population with geographic proximity to primary health care teams markedly increased from 8.84% in 2006/07 to 15.05% in 2007/08; with the addition in June 2007 of Preeceville as a recognized primary health care site. The health region still falls notably short of the provincial average of 27.08%.

A set of provincially established criteria must be met to become a recognized primary health site. A satellite PHC team in Langenburg does not currently meet the criteria and is not recognized or provincially funded. Its service numbers are not included in this indicator. Concerted efforts will continue in 2008 to meet the criteria to have the Langenburg site formally recognized and funded.

	2007/2008	2006/2007
<b>Percentage of RHA population with geographic proximity to primary health care teams</b>	<b>15.05%</b>	<b>8.84%</b>
<b>Number of discrete clients receiving primary health care services in the RHA</b>	Q1	1,950
	Q2	1,409
	Q3	1,916
	Q4	1,912

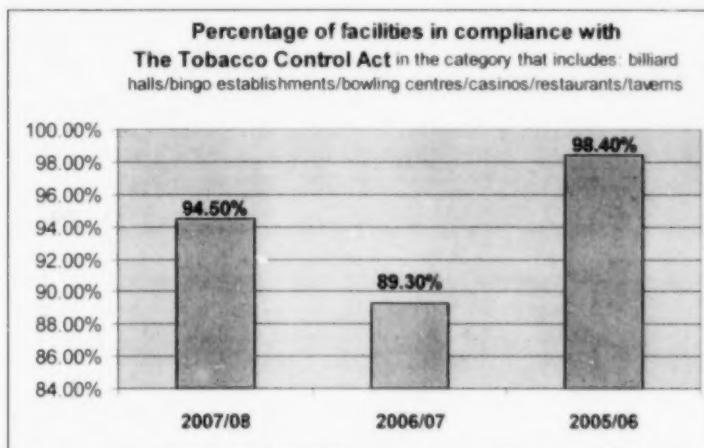
This is the first year that an indicator for Healthline is included in the Annual Report, and no data is available for comparison.

<b>Number of persons receiving a service from HealthLine for the RHA</b>	Q1	1,305
	Q2	1,687
	Q3	1,442
	Q4	1,417
	Year as a whole	5,851

### **Effective health promotion and disease prevention**

Indicators to comparatively measure success in the area of health promotion and disease prevention are still under development.

In the area of compliance with The Tobacco Control Act, there was improvement since last report when 89.3 percent of the Sunrise Health Region inspected Licensed establishments were compliant. In 2007-08, the percentage rose to 94.5 percent. The provincial average is 96.7 percent. There was also an increase in the number of facilities inspected with 325 inspected in 2007-08 as compared to 281 in 2006-07. Public service facilities including Licensed establishments in Sunrise Health Region that come under scrutiny of the tobacco control act have, in general, been observing a high degree of compliance with the Act. This ensures healthy indoor public places and minimizes public exposure to second-hand smoke.



### **Retain, recruit and train health providers**

Sunrise Health Region actively recruits in all areas and for all affiliations. As of March 31, 2008 the number of employees by union affiliation were:

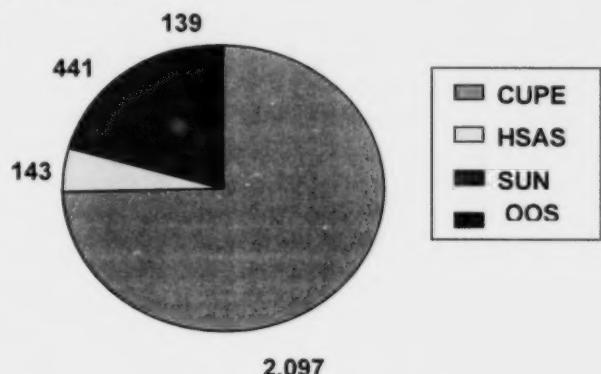
Canadian Union of Public Employees (CUPE) 2,097

Health Sciences Association of Saskatchewan (HSAS) 143

Out of Scope/non-union (OOS) 139

Saskatchewan Union of Nurses (SUN) 441

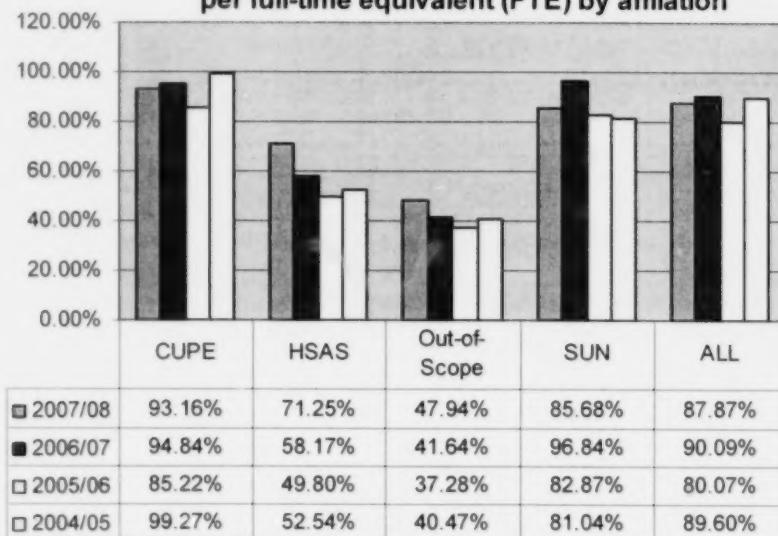
All employees 2,820.



There is now comparable sick leave hours data for the past four years. The 07/08 comparison with provincial averages by affiliation were:

	SHR	Prov
CUPE/Provider Unions	93.13	89.48
HSAS	71.25	68.08
OOS/Other	47.94	50.23
SUN	85.68	89.48
RWDSU	n/a	107.30
ALL	87.87	84.35

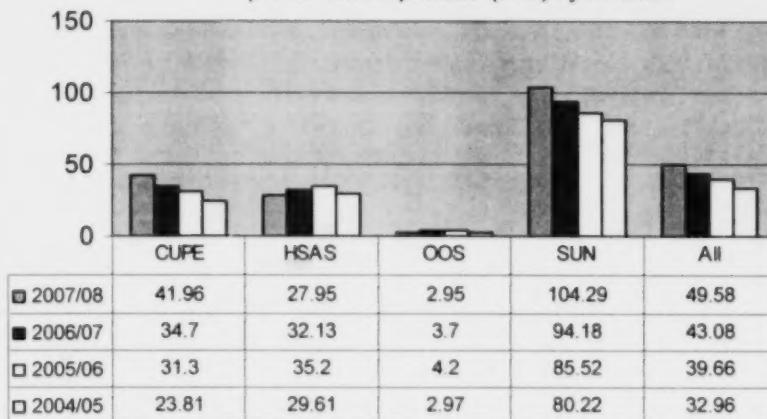
**Number of sick leave hours per full-time equivalent (FTE) by affiliation**



There is now comparable number of wage-driven premium hours (overtime and other premiums) data for the last four years. The 07/08 comparisons with provincial averages by affiliation are:

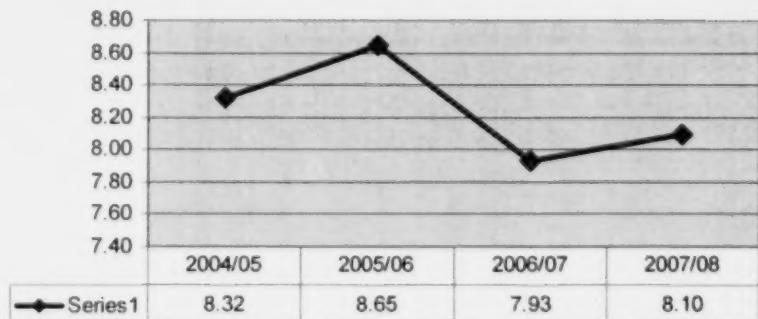
	SHR	Prov
CUPE/Provider Unions	41.96	45.68
HSAS	27.95	23.72
OOS/Other	2.95	3.41
SUN	104.29	84.78
RWDSU	n/a	100.62

**Number of wage-driven premium hours**  
(overtime and other premiums)  
per full time equivalent (FTE) by affiliation

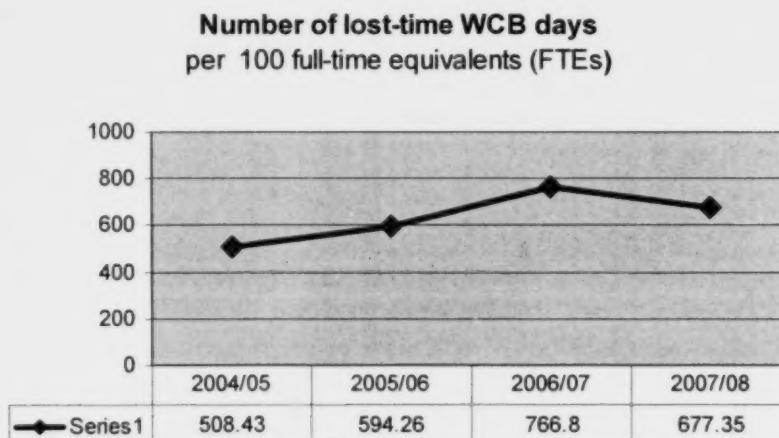


The number of lost-time Workers Compensation Board claims rose slightly to 8.10 claims per 100 full-time equivalents from the previously low recorded in 2006/07 of 7.93. Sunrise Health Region continues to be above the provincial average, which in 2007-08 was 7.12 claims per 100 full-time equivalents.

**Number of lost-time WCB claims**  
per 100 full time equivalents (FTEs)



The duration of Workers Compensation Board claims was reduced by 89.45 days from 766.8 reported in 2006-07 to 677.35 in 2007-08. While this is an improvement, it is still considerably above the provincial average of 451.26.



### ***A sustainable, efficient, accountable, quality health system***

In 2007/08, Sunrise Health Region reorganized to provide more support and focus on patient safety and quality. The groundwork was completed in 2007-08 for a formal risk management assessment that will identify risk and point the way to future improvements. The health region Information Management plan is another tool used to guide development of business continuity plans.

Each quarter of 2007-08 the region sent to Saskatchewan Health a report on communication activities designed to maintain the confidence of the public and improve public and staff understanding of the health system. Sunrise Health Region uses a variety of means to inform the public and staff. In 2007, this included:

- 39 News Releases and media interviews resulting in 423 newspaper articles
- 123 Public Service Announcements PSAs (Service Reductions/Outbreaks with visitor restrictions)
- 10 Board Briefs - a summary of each board meeting
- 12 staff newsletters "The Connection"
- 10 Major Event Announcements
- Maintenance of a public and a staff website. In June 2007, there were more than 11,663 visitors to the public website – the highest volume in any month to date. The previous record was 9,000 visitors in January 2007. The total number of visitors to [www.sunrisehealthregion.sk.ca](http://www.sunrisehealthregion.sk.ca) in 2007-08 was 144,490.

### ***Financial Summary***

The following financial indicators highlight both the most positive, and most troublesome, aspects of the health region's financial statements. Health region funding is based on an average year. Throughout 2007-08 the health region predicted that it would not balance its budget due to leap year and two additional statutory holidays. Additional pressure came in the form of high overtime and third weekend premium costs due to staffing problems. At the end of 2007-08 the health region recorded a deficit of \$752,820. While no deficit is acceptable, the region was within less than half a percent of achieving its goals, or .47% over budget.

The health region is confident that it has sufficient monitoring measures in place to know that the managers did everything within their control to keep costs down. Managers are responsible for the submission of monthly variance reports to monitor compliance with budget. Small surpluses and tight budgets offer little room to adjust when anomalies occur; as was the case with the addition statutory holidays and shortage of staff in 2007/08.

Negative working capital remains a concern and is reflective of the inherited deficits accumulated prior to health region formation. The health region functions each year with capital funding insufficient for the emergency capital needs of the health region, which adds to the problem.

	2007/2008	2006/2007	2005/2006	2004/2005
<b>Surplus (deficit)</b>	(\$752,820)	\$90,050	\$141,102	(\$414,715)
<b>Surplus (deficit) as a percentage of actual operating expenditures</b>	-0.50%	0.10%	0.10%	-0.30%
<b>Number of days able to operate with working capital</b>	(62.32)	(91.97)	(62.41)	(68.06)
<b>Expenditures in program support funding pool as a percentage of total RHA operating expenditures</b>	4.70%	4.60%	4.20%	4.30%

## **Supporting Documents Available**

The following documents are available from the Sunrise Health Region at [www.sunrisehealthregion.sk.ca](http://www.sunrisehealthregion.sk.ca), or by calling (306) 786-0110.

- Strategic Plan and Key Initiatives
- Health Status Report
- Health and Healthcare in our Communities: Needs Assessment Executive Summary
- Information Management Plan
- Physician Resource Plan
- Workforce Planning & Reporting

## **Future Outlook and Emerging Issues**

The health region's strategic plan, including all key initiatives and progress to date in achieving those initiatives, is available at [www.sunrisehealthregion.sk.ca](http://www.sunrisehealthregion.sk.ca).

The population in Sunrise Health Region increased for the first time since formation of the health region in 2002. There was a slight net increase of 101 people and some movement from rural municipalities and First Nations to larger towns and cities. Population statistics are from the Covered Population 2006 data. It will be interesting to see the population data collected in 2007 as anecdotal information suggests that housing has become difficult to find in all communities, small and large as people move back to Saskatchewan due to lower cost of living and the positive economic outlook. If this proves to be factual, the health region may need to adjust plans for growth rather than the decline of recent years.

The overall number of family physicians improved marginally in 2007-08 and ended the frequent service interruptions of the previous year. Many communities have only 2-4 physicians and the departure of one or two could again result in service interruptions. Access to physicians continues to be a priority concern of the health region and the public. With this in mind, the health region has reorganized to provide additional support and resources for physician recruitment in 2008-09.

The age of the Sunrise Health Region workforce and possible retirements is a growing concern in almost all disciplines. Recruitment efforts will continue to be a priority in 2008-09.

Sunrise Health Region has many smaller and old facilities. The VFA Canada Corporation health facility infrastructure report acknowledged this region has not had the resources to address, there are infrastructure repair and maintenance needs totaling 93.5 million dollars. The health region is pleased and somewhat optimistic with the change in provincial prosperity and the provincial government's identification of infrastructure as a major priority.

Development of an integrated health record is supported by health professionals and appears to also have public support. The building of information management infrastructure, implementation and integration of data collection systems and necessary testing for accuracy and security will continue to stretch staffing and financial resources.

The severity of emerging illnesses such as VRE and MRSA superbugs, West Nile Virus, and pandemic planning present new challenges that must be addressed. Issues of surveillance, control, and containment of illness outbreaks need to be considered. For Sunrise Health Region, one of the issues that need to be addressed is the lack of negative pressure rooms. The health region is currently in discussion with Saskatchewan Health to try to address the issue.

Areas that will receive additional attention in the upcoming year, include physician recruitment, workforce recruitment, and information systems to support development of the electronic health record and new ambulances for Melville, Esterhazy and Langenburg. In 2008/09 the health region will continue support for energy renewal projects and building repairs, capital equipment updates, and completion of the Preeceville integrated health care facility.

At the end of the 2007-08 fiscal year, the Board approved revision of the strategic goals to better align with the objectives of the Ministry of Health. The goals approved by the Board in March of 2008 will be reported on in 2008-09, they are:

- ❖ Enhance a Client First Culture
- ❖ Strengthen recruitment and retention efforts
- ❖ Promote effective wellness and preventative care
- ❖ Deliver an efficient, accountable health system
- ❖ Enhance a culture of public confidence

# **Governance and Transparency**

The affairs of the region are guided by a 12-person Regional Health Authority, the members of which are appointed by the Government of Saskatchewan. The Regional Health Authority appoints a Chief Executive Officer who is responsible for the general administration and organization of the health region.

There were no changes in membership of the Sunrise Regional Health Authority in 2007-2008, the members are:

**Ivan Peterson**, Chairperson, of Hazel Dell; retired teacher and farmer

**Greg Kobylka** Vice Chairperson, of Yorkton; Saskatchewan Lotteries manager

**Irene Adams** of Langenburg; retired teacher

**Lawrence Chomos** of Esterhazy; retired regional director of education

**Patricia Hack** of Foam Lake; retired teacher

**Janet Hill** of Yorkton; retired businessperson

**Audrey Horkoff** of Kamsack; farmer/rancher

**Karen Keshane** of Key First Nation; community health representative (on leave)

**Jennie Ortynsky** of Canora; retired nurse

**Dennis Popowich** of Yorkton; businessperson

**Grant See of Preeceville** of Preeceville; retired tradesperson, former Mayor of Preeceville

**Dr. Walter Streelasky** of Melville; faculty advisor -University of Regina, Mayor of Melville

## **Public Transparency**

The dates, times and locations of all public RHA meetings are listed on the health region's web site and are published in local newspapers. Members of the public and area journalists are welcome to attend and observe the meetings. They can also contact the region and request to be included on the meeting agenda and make presentations to the RHA.

The RHA posts meeting minutes, once approved, on the web site. The minutes are public documents, as are the strategic plan and this annual report. Hard copies of the above can be obtained at the region's administrative office in Yorkton. Subsequent to all RHA meetings the Region distributes, to staff and to all local media outlets, a newsletter summarizing the meeting's highlights. The targeted timeframe for distribution of the *BoardBrief* is 48 hours after each meeting's completion.

## **Community Health Advisory Committees**

Six geographically based Community Health Advisory Committees (CHACs) have been established for the purpose of providing the Sunrise Regional Health Authority with advice respecting the provision of health services. CHACs provide advice to the RHA in the areas of program and service development and delivery, health issues, needs and priorities, access to health services, and promotion of health. Each of the CHAC meetings met once in 2007-2008 with a joint meeting held in December 2007. The topics addressed the strategic plan, organizational restructure, accreditation survey report, population trends and analysis, operations support, health services.

CHAC members are appointed by the Regional Health Authority. Prospective members may be recommended by the CHAC or other community groups or individuals, and are expected to complete a declaration of interest.

In addition to the Community Health Advisory Committees, the health region also has public/external participants on the Population Health Promotion Strategy Steering Committee, the Chronic Disease Team, Regional Palliative Care Committee, Home Care Quality Improvement Committee, Mental Health Review Panel Committee. There are also public/external participants on several of the health region's accreditation teams and emergency planning committees.

#### **Payee Disclosure List**

As part of government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Sunrise Health Region's 2006-2007 Payee Disclosure List can be accessed at [http://www.health.gov.sk.ca/ph\\_rha\\_reporting.html](http://www.health.gov.sk.ca/ph_rha_reporting.html) or can be viewed at the Sunrise Health Region's Executive Office, 270 Bradbrooke Drive, Yorkton, Saskatchewan.

## **Performance Management Summary** **(Indicator Tables)**

In support of the objectives of Saskatchewan Health an accountability framework and accountability documents with each health region define and clarify the performance relationship between authorities and the province. In addition to articulating organizational and program expectations of the RHAs, the accountability documents also link these expectations with funding and with performance indicators/measures of progress towards, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each region's annual report. For further information on technical interpretations and definitions of the indicators below, refer to the *Performance Management* document on the Saskatchewan Health website at [www.health.gov.sk.ca](http://www.health.gov.sk.ca).

Indicator	RHA Value	Provincial Value	Range	Target
<b>Organizational Effectiveness Indicators</b>				
<b>Quality</b>				
Date of last CCHSA accreditation or when accreditation is scheduled as of March 2008	November 2006 (next scheduled date November 2009)	not applicable	not applicable	to be determined
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned as of March 2008	November 2007	not applicable	not applicable	to be determined
Number of client contacts with the Quality of Care Coordinator to raise a concern 2006/2007	214	not applicable	not applicable	not applicable
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days 2006/2007	71%	86%	52% – 99%	to be determined
<b>Workforce Planning</b>				
Distribution of health system full time equivalents (FTEs) by affiliation 2007/2008	Provider Unions (CUPE, SEIU, SGEU)	1,495.09	not applicable	not applicable
	HSAS	106.73		
	OOS/OTHER <sup>1</sup>	133.39		
	SUN	364.17		
	RWDSU <sup>2</sup>	not applicable		
	Organization as a whole	2,099.37		
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation 2007/2008	Provider Unions (CUPE, SEIU, SGEU)	41.96	45.68	18.53 – 91.96 to be determined <sup>3</sup>
	HSAS	27.95	23.72	0.10 – 131.05 to be determined <sup>3</sup>
	OOS/OTHER <sup>1</sup>	2.95	3.41	0.21 – 13.02 to be determined <sup>3</sup>
	SUN	104.29	84.78	32.83 – 351.02 to be determined <sup>3</sup>
	RWDSU <sup>2</sup>	not applicable	not applicable	not applicable to be determined <sup>3</sup>
	Organization as a whole	49.58	48.46	18.95 – 131.14 to be determined <sup>3</sup>

Indicator		RHA Value	Provincial Value	Range	Target
<b>Worked hours as a percentage of total hours by affiliation 2007/2008</b>	Provider Unions (CUPE, SEIU, SGEU)	76.3%	77.3%	73.3% – 80.2%	<i>to be determined</i> <sup>3</sup>
	HSAS	78.5%	79.9%	73.0% – 81.6%	<i>to be determined</i> <sup>3</sup>
	OOS/OTHER <sup>1</sup>	80.9%	81.8%	75.0% – 84.2%	<i>to be determined</i> <sup>3</sup>
	SUN	72.8%	74.0%	65.8% – 76.8%	<i>to be determined</i> <sup>3</sup>
	RWDSU <sup>2</sup>	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i> <sup>3</sup>
	Organization as a whole	76.1%	77.2%	72.5% – 79.9%	<i>to be determined</i> <sup>3</sup>
<b>Number of sick leave hours per full time equivalent (FTE) by affiliation 2007/2008</b>	Provider Unions (CUPE, SEIU, SGEU)	93.16	89.48	70.26 – 108.76	<i>to be determined</i> <sup>3</sup>
	HSAS	71.25	68.08	50.61 – 108.78	<i>to be determined</i> <sup>3</sup>
	OOS/OTHER <sup>1</sup>	47.94	50.23	41.95 – 70.10	<i>to be determined</i> <sup>3</sup>
	SUN	85.68	89.48	52.15 – 94.79	<i>to be determined</i> <sup>3</sup>
	RWDSU <sup>2</sup>	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i> <sup>3</sup>
	Organization as a whole	87.87	84.35	65.01 – 100.96	<i>to be determined</i> <sup>3</sup>
<b>Number of lost-time WCB claims per 100 full time equivalents (FTEs) 2007/2008</b>		8.10	7.12	0.00 – 9.02	<i>to be determined</i> <sup>3</sup>
<b>Number of lost-time WCB days per 100 full time equivalents (FTEs) 2007/2008</b>		677.35	451.26	0.00 – 677.35	<i>to be determined</i> <sup>3</sup>
<b>Percentage of employees self-identifying as Aboriginal 2005/2006<sup>4</sup></b>		0.7%	<i>not available</i>	<i>not applicable</i>	<i>to be determined</i>
<b>Financial</b>					
<b>Surplus (deficit)<sup>30</sup> 2007/2008</b>	(\$752,820)	<i>not applicable</i>	(\$3,782,174) – \$5,674,918	\$0	
<b>Surplus (deficit) as a percentage of actual operating expenditures<sup>30</sup> 2007/2008</b>	(0.5%)	<i>not applicable</i>	(2.6%) – 1.6%	0.0% – 0.5%	
<b>Working capital ratio (current ratio)<sup>30</sup> 2007/2008</b>	0.31	<i>not applicable</i>	0.31 – 1.80	<i>to be determined</i>	
<b>Number of days able to operate with working capital<sup>30</sup> 2007/2008</b>	(62.32)	<i>not applicable</i>	(62.32) – 39.28	<i>to be determined</i>	

Indicator	RHA Value	Provincial Value	Range	Target		
<b>Communications and Issues Management</b>						
<b>Key activities undertaken by RHA to address public confidence reported</b> <i>2007/2008</i> <i>[yes/no indicator]</i>	Q1	Yes	<i>not applicable</i>	significant activity is expected annually, but need not be reflected quarterly		
	Q2	Yes				
	Q3	Yes				
	Q4	Yes				
<b>Program-Specific Indicators</b>						
<b>Province-Wide Services</b>						
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services <sup>5</sup> <i>2007/2008</i>		<i>not applicable</i>	93.6%	89.4% – 97.1%		
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services <sup>5</sup> <i>2007/2008</i>		<i>not applicable</i>	98.3%	88.9% – 103.3%		
Number of actual hours of operation for magnetic resonance imaging (MRI) services <sup>5</sup> <i>2007/2008</i>		<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i> <i>to be determined</i>		
Number of patients as a percentage of agreed on target for computed tomography (CT) services <sup>6</sup> <i>2007/2008</i>	109.2%		101.9%	92.0% – 155.6%		
Number of exams as a percentage of agreed on target for computed tomography (CT) services <sup>6</sup> <i>2007/2008</i>	116.6%		103.6%	75.8% – 139.2%		
Number of actual hours of operation for computed tomography (CT) services <sup>6</sup> <i>2007/2008</i>	1,929		<i>not applicable</i>	<i>not applicable</i> <i>to be determined</i>		
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services <sup>5</sup> <i>2007/2008</i>		<i>not applicable</i>	84.7%	81.5% – 88.7%		
Number of actual hours of operation for bone mineral densitometry (BMD) services <sup>5</sup> <i>2007/2008</i>		<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i> <i>to be determined</i>		
<b>Number of patient years of dialysis provided in the current fiscal year<sup>7</sup></b> <i>2007/2008</i>	Peritoneal	–	<i>not applicable</i>	<i>to be determined</i>		
	Hemodialysis	27.79		<i>to be determined</i>		
	Total	27.79		<i>to be determined</i>		

Indicator		RHA Value	Provincial Value	Range	Target
<b>Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels<sup>9</sup></b> <i>As at December 31, 2007</i>	Number of chronic renal insufficiency patients Number of peritoneal dialysis patients Number of home unit chronic hemodialysis patients Number of north/south chronic hemodialysis patients Number of people living with a kidney transplant	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
<b>Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)<sup>9</sup> (in days)</b> <i>2006/2007</i>		<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
<b>Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital<sup>10</sup></b> <i>2006/2007</i>	Stroke Brain Dysfunction Spinal Cord Dysfunction Orthopaedic Conditions Neurological Conditions Amputation of Limb Major Multiple Trauma Medically Complex Debility Cardiac Pulmonary Arthritis Pain Syndrome Other	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
<b>Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre<sup>11</sup></b> <i>2006/2007</i>	Child / Youth Adult	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
<b>Total number of patients seen at Telehealth sites within the RHA</b> <i>2007/2008</i>	158	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>	

Indicator	RHA Value	Provincial Value	Range	Target
<b>Total number of hours of professional health education via Telehealth 2007/2008</b>	149	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
<b>Total number of hours of public health education via Telehealth 2007/2008</b>	41	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
<b>Total number of hours of professional health education events provided by the RHA via Telehealth 2007/2008</b>	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
<b>Total number of hours of public health education events provided by the RHA via Telehealth 2007/2008</b>	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
<b>Acute Care</b>				
<b>Number and percentage of surgical cases on wait list that have already waited over 6 months<sup>12</sup> 2007/2008</b>	Number	571	<i>not applicable</i>	<i>not applicable</i>
	Percentage	44.4%	39.9%	6.9% – 47.0%
<b>Number and percentage of surgical cases on wait list that have already waited over 12 months<sup>12</sup> 2007/2008</b>	Number	30	<i>not applicable</i>	<i>not applicable</i>
	Percentage	2.3%	18.9%	0.0% – 23.1%
<b>Number and percentage of surgical cases on wait list that have already waited over 18 months<sup>12</sup> 2007/2008</b>	Number	<i>value suppressed</i>	<i>not applicable</i>	<i>not applicable</i>
	Percentage	<i>value suppressed</i>	9.2%	0.0% – 11.7%
<b>Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames<sup>12</sup> 2007/2008</b>	Priority Level I within 3 weeks	77.5%	60.4%	47.4% – 95.4%
	Priority Level II within 6 weeks	66.9%	44.0%	32.0% – 95.1%
	Priority Level III within 3 months	83.6%	67.8%	48.6% – 99.1%
	Priority Level IV within 12 months	95.9%	89.2%	83.4% – 100.0%
<b>Cumulative number of surgical cases performed as a percentage of target and variance from target<sup>12</sup> 2007/2008</b>	Percentage of target	98.6%	99.4%	92.2% – 114.6%
	Variance from target	-48	<i>not applicable</i>	<i>not applicable</i>

Indicator	RHA Value	Provincial Value	Range	Target
<b>Institutional Supportive Care</b>				
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores <sup>13</sup> as at the end of Q2 2007/2008	—	—	—	to be determined
Case mix index for institutional supportive care facilities <sup>13</sup> as at the end of Q2 2007/2008	0.811	0.782	0.748 – 0.811	to be determined
<b>Population Health Services</b>				
Percentage of off reserve schools that are implementing healthy food / nutrition policies as of September 1, 2007	5.1	21.2	0.0 – 84.3	60% of schools by September 2011
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday <sup>14</sup> July 1, 2006 to June 30, 2007	Diphtheria Measles	73.3 72.5	69.8 69.5	53.3 – 85.7 53.3 – 82.1
Influenza immunization rate per 100 population (age 65 years and over) 2006/2007	58%	63%	52% – 70%	to be determined
Percentage of licensed or regulated facilities inspected each year (pursuant to <i>The Public Health Act, 1994</i> ) 2007/2008	FEE – Food Eating Establishment FPL – Food Processing (Licensed) LA – Licensed Accommodations SP – Swimming Pools Public Water Supplies	84 89 91 97 83	not applicable not applicable not applicable not applicable not applicable	68 – 100 50 – 100 46 – 100 55 – 100 43 – 100
Percentage of facilities in compliance with <i>The Tobacco Control Act</i> in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns <sup>15</sup> 2007/2008	94.5%	96.7%	84.1% – 100.0%	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers <sup>16</sup> 2005 <sup>16</sup>	Males Females	26.64 22.25	25.13 23.30	19.95 – 41.75 16.36 – 32.31

Indicator		RHA Value	Provincial Value	Range	Target
<b>Number of new diabetes cases (incidence) and existing (old and new) diabetes cases (prevalence) per 1,000 population 2005/2006</b>	Incidence	6.2	5.4	1.3 – 7.3	<i>to be determined</i>
	Prevalence	81.4	62.0	17.3 – 81.4	
<b>Percentage of increase in needle exchange rates over previous year<sup>17</sup> 2006/2007</b>		<i>not applicable</i>	11.2%	-42.2% – 170.6%	<i>to be determined</i>
<b>Community Care Services</b>					
<b>Alcohol and drug outpatient treatment completion rate per 100 admissions 2006/2007</b>		54.8%	57.9%	34.7% – 73.9%	<i>to be determined</i>
<b>Average wait time for admission to alcohol and drug outpatient services<sup>18</sup> (in days) 2007/2008</b>		9.3	<i>not applicable</i>	<i>not applicable</i>	<i>to be determined</i>
<b>Primary Health Services</b>					
<b>Percentage of RHA population with geographic proximity to primary health care teams March 2008</b>		15.05%	27.08%	9.33% – 100.00%	25% of SK residents by 2006, 100% by 2011
<b>Number of discrete clients receiving primary health care services in the RHA 2007/2008</b>	Q1	1,950	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
	Q2	1,409			
	Q3	1,916			
	Q4	1,912			
<b>Number of persons receiving a service from HealthLine for the RHA 2007/2008</b>	Q1	1,305	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
	Q2	1,687			
	Q3	1,442			
	Q4	1,417			
	Year as a whole	5,851			
<b>Number of new (in development and established) and enhanced primary health care teams for the current year 2007/2008</b>	New teams in development	0	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
	New teams established	1			
	Enhanced teams	0			
<b>Emergency Response Services</b>					
<b>Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) 2006/2007</b>		0.23%	0.76%	0.00% – 10.10%	<i>to be determined</i>

Indicator	RHA Value	Provincial Value	Range	Target
<b>Mental Health and Addiction Services</b>				
Average daily census (ADC), occupancy rates, and average length of stay (ALOS) for mental health inpatient services <sup>19</sup> 2006/2007	ADC	10	173	5 – 51
	Occupancy rate	57.3%	75.7%	52.5% – 91.7%
	ALOS	18.9	15.1	10.2 – 19.1
Percentage of mental health inpatient separations where readmission occurred within 7 days <sup>19</sup> 2006/2007	7.0%	4.9%	1.2% – 9.2%	to be determined
Alcohol and drug inpatient treatment completion rate per 100 admissions <sup>20</sup> 2006/2007	not applicable	73.2%	55.1% – 77.6%	to be determined
Average wait time for admission to alcohol and drug inpatient services <sup>18,21</sup> (in days) 2007/2008	not applicable	not applicable	not applicable	to be determined
Average wait time for admission to alcohol and drug detoxification services <sup>18,22</sup> (in days) 2007/2008	not applicable	not applicable	not applicable	to be determined
Average wait time for admission to alcohol and drug stabilization services <sup>18,23</sup> (in days) 2007/2008	not applicable	not applicable	not applicable	to be determined
Average wait time for admission to alcohol and drug long term residential treatment services <sup>18,24</sup> (in days) 2007/2008	not applicable	not applicable	not applicable	to be determined
<b>Program Support Services</b>				
Expenditures in program support funding pool as a percentage of total RHA operating expenditures <sup>20</sup> 2007/2008	4.7%	not applicable	4.0% – 10.8%	12% for Mamawetan Churchill River and Keewatin Yatthe; 5% for all other RHAs
<b>Health Status and Outcome Indicators</b>				
Infant mortality rate per 1,000 live births <sup>25</sup> 2002-2004	4.5	5.9	4.0 – 10.5	to be determined
Low birth weight rate per 100 live births <sup>25</sup> 2002-2004	4.8	5.4	3.7 – 6.0	to be determined
High birth weight rate per 100 live births <sup>25</sup> 2002-2004	16.1	15.7	12.9 – 31.1	to be determined

Indicator		RHA Value	Provincial Value	Range	Target
<b>Potential years of life lost per 100,000 population (age 0 to 74 years)<sup>15</sup> 2001<sup>26</sup></b>	Circulatory Diseases	1,208.9	951.5	817.9 – 1,208.9	<i>to be determined</i>
	All Malignant Neoplasms	1,602.7	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	219.3	222.9	63.5 – 376.5	
	Unintentional Injuries	1,150.0	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	421.4	412.1	315.1 – 628.5	
<b>Disability-free life expectancy (at birth)<sup>15</sup> 1996<sup>27</sup></b>	Males	66.8	66.6	61.8 – 69.2	<i>to be determined</i>
	Females	70.1	70.0	63.2 – 72.5	
<b>Disability-free life expectancy (at age 65 years)<sup>15</sup> 1996<sup>27</sup></b>	Males	11.4	11.2	8.7 – 12.1	<i>to be determined</i>
	Females	12.4	12.7	8.4 – 13.2	
<b>Life expectancy (at birth)<sup>15</sup> 2001<sup>28</sup></b>	Males	75.6	76.2	72.1 – 78.2	<i>to be determined</i>
	Females	82.2	81.8	76.1 – 82.8	
<b>Life expectancy (at age 65 years)<sup>15</sup> 2001<sup>28</sup></b>	Males	16.6	16.9	15.6 – 18.0	<i>to be determined</i>
	Females	20.8	20.9	17.2 – 21.8	
<b>Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent<sup>15</sup> 2005<sup>16</sup></b>		39.86	52.35	39.86 – 57.96	<i>to be determined</i>
<b>Percentage of population (age 18 to 64 years) who are overweight or obese<sup>15</sup> 2005<sup>16</sup></b>	Overweight (BMI 25.0-29.9)	36.12	32.52	30.53 – 36.12	<i>to be determined</i>
	Obese (BMI 30.0+)	21.89	20.03	16.88 – 24.19	
<b>Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive<sup>15</sup> 2005<sup>16</sup></b>	Active / moderately active	43.42	48.62	38.60 – 53.35	<i>to be determined</i>
	Inactive	54.98	49.52	44.06 – 58.77	
<b>Number of visits to a physician for a mental health reason 2006/2007</b>	General Practitioners	16,477	<i>not applicable</i>	<i>not applicable</i>	<i>not applicable</i>
	Psychiatrists	673			
<b>Age-sex adjusted diabetes prevalence rate per 1,000 population<sup>29</sup> 2005/2006</b>		60.6	<i>not applicable</i>	44.3 – 101.7	<i>to be determined</i>

Indicator		RHA Value	Provincial Value	Range	Target
<b>Injury hospitalization rate per 1,000 population (age 0 to 19 years)</b> 2005/2006	Males	14.5	10.6	7.2 – 17.7	<i>to be determined</i>
	Females	6.5	7.0	5.0 – 14.2	
<b>Hospitalization rate due to falls per 1,000 population (age 65 years and over)</b> 2005/2006	Males	18.2	14.3	8.6 – 35.3	<i>to be determined</i>
	Females	29.4	26.4	21.7 – 39.9	

**Notes:**

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

- 1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.
- 2 The RWDSU category is applicable to Regina Qu'Appelle only.
- 3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.
- 4 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.
- 5 MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.
- 6 CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.
- 7 Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, Sun Country, and Sunrise only.
- 8 Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.
- 9 SHNB indicator is applicable to Prairie North only.
- 10 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only. The two facilities are not peers, in terms of their inpatient rehabilitation programs; therefore, their results should not be compared to each other.
- 11 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.
- 12 The 2007/2008 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.
- 13 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions. Please note that the methodology for both indicators is currently being revised, and that values may change from those previously reported.
- 14 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.
- 15 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.
- 16 The most recent Canadian Community Health Survey (CCHS) data is Cycle 3.1 (2005). Therefore, the results are the same as those reported for 2006/2007.
- 17 Needle exchange program indicators are applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.
- 18 Data collection through the Alcohol, Drug and Gambling Information System (ADGIS) started in April 2007. Implementation is ongoing, and system and data entry issues continue to be identified and resolved. Due to these issues, 2007-08 average wait times for some RHAs have been calculated using an average of quarterly results for 2007-08, rather than the annual average.
- 19 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

- 20 "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.
- 21 "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only. 2007-08 results for Keewatin Yatthé and Regina Qu'Appelle are based on a very low number of cases, and therefore may not be reliable.
- 22 "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only. 2007-08 results for Keewatin Yatthé and Mamawetan Churchill River are based on a very low number of cases, and therefore may not be reliable.
- 23 "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.
- 24 "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.
- 25 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006 and 2006/2007.
- 26 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006 and 2006/2007.
- 27 Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.
- 28 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.
- 29 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.
- 30 Values are based on data from final, unaudited financial statements.

# Management Report

May 31, 2008

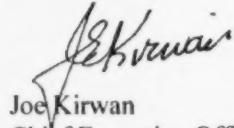
## Sunrise Health Region Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Sunrise Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health and, of necessity, include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

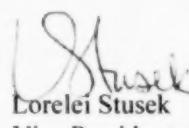
Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing management's performance in financial reporting. The Authority meets with management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by management.



Joe Kirwan  
Chief Executive Officer



Lorelei Stusek  
Vice President of Corporate Services



**FINANCIAL  
STATEMENTS**

**Sunrise Regional  
Health Authority**

**Year Ended March 31, 2008**

**Sunrise Regional Health Authority**

Yorkton, Saskatchewan

March 31, 2008

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**PARKERQUINE LLP**  
Chartered Accountants Business Advisors

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**Auditors' Report**

To the board of directors  
Sunrise Regional Health Authority

We have audited the Consolidated Statement of Financial Position of Sunrise Regional Health Authority as at March 31, 2008 and the Consolidated Statements of Operations and Changes in Fund Balances and Cash Flows for the year then ended. The health authority's management is responsible for preparing the financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Sunrise Regional Health Authority as at March 31, 2008 and the results of its operations and changes in its cash flow for the year then ended in accordance with Canadian generally accepted accounting principles.

PARKERQUINE LLP

Per: *Dave Spilley, CT, CMA, CFP*

Yorkton, SK  
April 28, 2008

**Sunrise Regional Health Authority**  
Yorkton, Saskatchewan  
Consolidated Statement of Financial Position  
As at March 31, 2008

### Statement 1

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust and Endowment Funds	2008 Total	2007 Total
<b>Assets</b>					
<b>Current Assets</b>					
Cash and short-term investments					
- schedule 2	468,132	3,286,172	581,770	4,336,074	2,923,520
Accounts receivable					
Saskatchewan Health	186,839			186,839	77,766
Other	2,425,866	901,095		3,326,961	2,498,814
Inventories	1,361,224			1,361,224	1,349,802
Prepaid expenses	510,209	485,212		995,421	604,823
	4,952,270	4,672,479	581,770	10,206,519	7,454,725
<b>Long-Term Investments - schedule 2</b>					
Market \$406,000 (2007 - \$680,000)	304,537	101,322	0	405,859	679,831
<b>Capital Assets - note 3</b>					
	0	76,356,061	0	76,356,061	71,936,470
<b>Total Assets</b>					
	<b>\$ 5,256,807</b>	<b>\$ 81,129,862</b>	<b>\$ 581,770</b>	<b>\$ 86,968,439</b>	<b>\$ 80,071,026</b>
<b>Liabilities and Fund Balances</b>					
<b>Current Liabilities</b>					
Bank indebtedness - note 12(e)	13,576,733			13,576,733	13,395,559
Accounts payable	5,302,985	611,058		5,914,043	5,632,654
Accrued salaries	855,760			855,760	242,329
Vacation payable	9,974,792			9,974,792	9,361,207
Other accrued liabilities	721,738	54,267		776,005	393,380
Mortgages and leases payable					
- current - notes 4 and 6		897,400		897,400	980,100
Deferred revenue - note 5	1,337,417	15,796		1,353,213	945,676
	31,769,425	1,578,521	0	33,347,946	30,950,905
<b>Long-Term Liabilities</b>					
Mortgages payable - note 6	0	11,830,784	0	11,830,784	10,483,361
<b>Total Liabilities</b>					
	<b>31,769,425</b>	<b>13,409,305</b>	<b>0</b>	<b>45,178,730</b>	<b>41,434,266</b>
<b>Fund Balances - statement 2</b>					
Invested in capital assets		63,627,877		63,627,877	60,473,009
Externally-restricted - schedule 3		608,023	581,770	1,189,793	1,582,050
Internally-restricted - schedule 4	32,601	3,484,657		3,517,258	1,002,881
Unrestricted	( 26,545,219)			( 26,545,219)	( 24,421,180)
	( 26,512,618)	67,720,557	581,770	41,789,709	38,636,760
<b>Total Liabilities and Fund Balances</b>					
	<b>\$ 5,256,807</b>	<b>\$ 81,129,862</b>	<b>\$ 581,770</b>	<b>\$ 86,968,439</b>	<b>\$ 80,071,026</b>

Approved on behalf of the board:

J. C. Peters  
J. C. Peters

**Sunrise Regional Health Authority**  
**Consolidated Statement of Operations and Changes in Fund Balances**  
**For the year ended March 31, 2008**

**Statement 2**

	<b>Operating Fund</b>			<b>Restricted Funds</b>				
	<b>Budget 2008</b>	<b>Total 2008</b>	<b>Total 2007</b>	<b>Capital Fund 2008</b>	<b>Community Trust and Endowment Funds 2008</b>		<b>Total 2008</b>	<b>Total 2007</b>
					<b>Community Trust and Endowment Funds 2008</b>	<b>Total 2008</b>		
<b>Revenue</b>								
Saskatchewan Health - general	138,118,339	139,579,778	130,424,582	7,007,178		7,007,178		2,837,540
Other provincial	363,578	323,202	432,197	241,455		241,455		267,248
Federal government	88,012	47,801	85,552					12,000
Special funded programs	1,421,771	1,186,646	1,247,631					
Patient fees	12,482,280	12,785,785	12,343,664					
Out-of-province (reciprocal)	2,538,344	2,775,385	2,242,756					
Out-of-country	49,942	26,724	45,512					
Transfers from foundations/donations		127,876	177,709	2,607,089		2,607,089		962,276
Investment income	31,653	23,063	30,419	84,052	31,838	115,890		116,711
Ancillary operations	31,525	28,183	26,646					
Recoveries	2,138,392	2,983,083	2,451,468	9,174		9,174		26,038
Other	323,082	82,681	204,692					21,316
	<b>157,586,918</b>	<b>159,970,207</b>	<b>149,712,828</b>	<b>9,948,948</b>	<b>31,838</b>	<b>9,980,786</b>		<b>4,243,129</b>
<b>Expenses - schedule 1</b>								
Province-wide acute-care services	2,523,025	2,179,120	1,645,910					
Acute-care services	54,326,773	55,424,071	51,743,516	2,300,035		2,300,035		2,212,564
Physician compensation - acute	4,226,949	3,999,092	3,840,647					
Supportive-care services	57,498,512	59,209,531	55,621,112	2,936,253	22,613	2,958,866		3,668,362
Home-based services - supportive-care	8,281,136	8,388,710	7,650,594	18,175		18,175		21,544
Population-health services	3,568,734	3,623,909	3,457,756	25,635		25,635		76,102
Community-care services	6,697,295	6,460,477	6,500,609	24,800		24,800		27,606
Home-based services - acute and palliative	1,778,410	1,764,521	1,630,282	8,553		8,553		9,953
Primary health-care services	1,516,942	1,540,258	1,282,425	54,167		54,167		45,050
Emergency-response services	4,234,725	4,549,287	3,987,036	28,430		28,430		28,165
Mental health services - inpatient/residential	2,084,706	2,079,655	1,832,454					
Physician compensation - community	1,463,187	2,021,663	1,303,911					
Program-support services	7,338,364	7,530,168	6,879,396	516,586		516,586		464,208
Special funded programs	1,347,260	1,156,209	1,349,594					
Ancillary	700,899	796,356	897,536	139,771		139,771		153,942
	<b>157,586,917</b>	<b>160,723,027</b>	<b>149,622,778</b>	<b>6,052,405</b>	<b>22,613</b>	<b>6,075,018</b>		<b>6,707,496</b>
<b>Excess (Deficiency) of Revenue over Expenses</b>								
Fund balances (deficiency), beginning of year	<b>\$ 1</b>	(752,820)	90,050	3,896,543	9,225	3,905,768	(	2,464,367)
Interfund transfers - note 13		(24,384,176)	(23,323,389)	62,010,000	1,010,936	63,020,936		64,334,466
		(1,375,622)	(1,150,837)	1,814,014	(438,392)	1,375,622		1,150,837
<b>Fund Balances (Deficiency), End of Year</b>		<b>\$ (26,512,618)</b>	<b>\$ (24,384,176)</b>	<b>\$ 67,720,557</b>	<b>\$ 581,769</b>	<b>\$ 68,302,326</b>	<b>\$ 63,020,936</b>	

*See accompanying notes to the financial statements.*

# Sunrise Regional Health Authority

## Consolidated Statement of Cash Flows

For the year ended March 31, 2008

**Statement 3**

	<u>Unrestricted Fund</u>		<u>Restricted Funds</u>		
	Operating Fund 2008	2007	Capital Fund 2008	Community Trust and Endowment Funds 2008	2008 Total
					2007 Total
<b>Cash Provided By (Used In):</b>					
Operations					
Excess (deficiency) of revenue over expenses for the year	( 752,820)	90,050	3,896,543	9,225	3,905,768 ( 2,464,367)
Add items not requiring cash resources					
Amortization of capital assets			5,464,957		5,464,957 5,384,613
Loss (gain) on disposal of capital assets			( 13,788)		( 13,788) 33,209
Net change in non-cash working capital - note 7	1,705,241	( 1,292,804)	( 746,720)	807	( 745,913) 1,769,381
	<u>952,421</u>	<u>( 1,202,754)</u>	<u>8,600,992</u>	<u>10,032</u>	<u>8,611,024</u> <u>4,722,836</u>
Investing activities					
Purchase of capital assets					
Buildings/construction			( 7,688,067)		( 7,688,067) ( 1,556,243)
Equipment			( 2,196,481)		( 2,196,481) ( 1,821,799)
Proceeds on disposal of capital assets					
Equipment			13,788		13,788 13,947
Purchase of long-term investments	( 19,156)		( 70,433)		( 70,433) ( 36,805)
Disposal of long-term investments	239,062	60,477	124,499		124,499 42,500
	<u>219,906</u>	<u>60,477</u>	<u>( 9,816,694)</u>	<u>0</u>	<u>( 9,816,694)</u> <u>( 3,358,400)</u>
Financing activities					
Long-term debt issued			2,284,610		2,284,610
Repayment of debt			( 1,019,887)		( 1,019,887) ( 938,707)
	<u>0</u>	<u>0</u>	<u>1,264,723</u>	<u>0</u>	<u>1,264,723</u> <u>( 938,707)</u>
<b>Net Increase (Decrease) in Cash and Short-Term Investments for the Year</b>					
	1,172,327	( 1,142,277)	49,021	10,032	59,053 425,729
Cash and short-term investments, beginning of year	( 12,905,306)	( 10,612,192)	1,423,137	1,010,130	2,433,267 856,701
Interfund transfers - note 13	( 1,375,622)	( 1,150,837)	1,814,014	( 438,392)	1,375,622 1,150,837
<b>Cash and Short-Term Investments, End of Year</b>	<b><u>\$ ( 13,108,601)</u></b>	<b><u>\$ ( 12,905,306)</u></b>	<b><u>\$ 3,286,172</u></b>	<b><u>\$ 581,770</u></b>	<b><u>\$ 3,867,942</u></b> <b><u>\$ 2,433,267</u></b>
<b>Represented By:</b>					
Cash and short-term investments	468,132	490,253	3,286,172	581,770	3,867,942 2,433,267
Bank indebtedness	( 13,576,733)	( 13,395,559)			
	<b><u>\$ ( 13,108,601)</u></b>	<b><u>\$ ( 12,905,306)</u></b>	<b><u>\$ 3,286,172</u></b>	<b><u>\$ 581,770</u></b>	<b><u>\$ 3,867,942</u></b> <b><u>\$ 2,433,267</u></b>

*See accompanying notes to the financial statements.*

# **Sunrise Regional Health Authority**

## **Notes to Financial Statements**

**For the year ended March 31, 2008**

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### **1. Legislative Authority**

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (The Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing health regions and Regional Health Authorities in the province of Saskatchewan. The Sunrise Regional Health Authority (RHA) was created by the Act and is responsible for the planning, organization, delivery and evaluation of health services it is to provide within the geographic area known as the Sunrise Health Region, under section 27 of The Act.

The Sunrise Regional Health Authority (RHA) is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government.

### **2. Significant Accounting Policies**

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

#### **(a) Amalgamation of organizations**

The Act and regulations under the Act assign Sunrise Regional Health Authority (RHA) the responsibility to coordinate and deliver certain institutional and community-based health services. To meet this responsibility, certain health care organizations (HCOs) were amalgamated with the RHA. In the 2006-07 fiscal year, the following HCOs amalgamated with the RHA:

Parkland Alcohol & Drug Abuse Society Inc. (September 30, 2006)  
Saul Cohen Family Resource Centre Inc. (October 31, 2006)

#### **(b) Health care organizations**

- (i) The RHA has agreements with and grants funding to the following community-based organizations (CBO's) and third parties to provide health services:**  
Society for Involvement of Good Neighbours Inc.  
Yorkton Mental Health Drop In Centre

Note 9(b)(i) provides disclosure of payments to CBO'S and third parties.

## Sunrise Regional Health Authority

### Notes to Financial Statements

For the year ended March 31, 2008

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## 2. Significant Accounting Policies - continued

### (b) Health care organizations - continued

(ii) The RHA has joint service management agreements with all three of its affiliates; St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville. The purpose of the agreements is to share management, contract human resources and finance services to the affiliates.

As a result, the financial statements of St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville are combined with the financial statements of the RHA. Transactions and interorganizational balances between the RHA and St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville are eliminated.

Note 9(b)(ii) provides supplementary information regarding the financial position, results of operations and cash flows of the combined affiliates.

(iii) The Health Foundation of East Central Saskatchewan Inc., St. Peter's Hospital Foundation (Melville) Inc. and St. Anthony's Hospital Foundation Inc. (the Foundations) are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act*.

Under the Foundations' Articles of Incorporation, the RHA or the respective affiliates have an economic interest in the Foundations.

These financial statements do not include the financial activities of the Foundations. Alternatively, note 9(b)(iii) provides supplementary information of the Foundations.

### (c) Fund accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

#### (i) Operating fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

#### (ii) Capital fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of interest on long-term mortgages and amortization of capital assets.

## **Sunrise Regional Health Authority**

### **Notes to Financial Statements**

**For the year ended March 31, 2008**

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## **2. Significant Accounting Policies - continued**

### **(c) Fund accounting - continued**

#### **(iii) Community Trust and Endowment Fund**

##### **Community Trust**

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the district from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

##### **Endowment Fund**

Under the terms of the will of the late Dr. Borys Tolczynski, the RHA administers an endowment fund. The interest from this fund is to be used for education and training expenditures which benefit the health district. Unexpended interest each year is added to the endowment principal. The RHA cannot encroach upon the original endowment bequest of \$201,771 plus unexpended interest except in special circumstances.

### **(d) Inventories**

Inventories consist of general stores, pharmacy, laboratory, linen and other. All inventories are valued at the lower of cost and net realizable value. Cost is determined on an average-cost basis.

### **(e) Long-term investments**

Investments are valued at the lower of cost or net realizable value.

### **(f) Capital assets**

Capital assets are recorded at acquisition cost less accumulated amortization. Normal maintenance and repairs are expensed as incurred. The assets are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	4% to 10%
Buildings and service equipment	2% to 4%
Equipment	4% to 25%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

## **Sunrise Regional Health Authority**

### **Notes to Financial Statements**

**For the year ended March 31, 2008**

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## **2. Significant Accounting Policies - continued**

### **(g) Revenue**

Unrestricted contributions are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the operating fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

### **(h) Pension**

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

### **(i) Measurement uncertainty**

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

### **(j) Financial instruments**

The RHA is exposed to financial risks as a result of financial instruments. The risks the RHA is exposed to are:

- (i) Price risks which include: Currency risk, affected by changes in foreign exchange rates; interest rate risk, affected by changes in market interest rates; and market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.
- (ii) Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

# Sunrise Regional Health Authority

## Notes to Financial Statements

For the year ended March 31, 2008

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## 2. Significant Accounting Policies - continued

### (j) Financial instruments - continued

(iii) Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

(iv) Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

### (k) Replacement reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

## 3. Capital Assets

	<u>March 31, 2008</u>			<u>2007</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>	<u>Net Book Value</u>
Land	246,528		246,528	246,528
Land improvements	874,945	690,474	184,471	178,347
Buildings and service equipment	104,117,858	45,322,477	58,795,381	61,869,422
Equipment	20,465,626	11,857,188	8,608,438	8,898,393
Construction-in-progress	<u>8,521,243</u>		<u>8,521,243</u>	<u>743,780</u>
	<u><u>\$ 134,226,200</u></u>	<u><u>\$ 57,870,139</u></u>	<u><u>\$ 76,356,061</u></u>	<u><u>\$ 71,936,470</u></u>

## Sunrise Regional Health Authority

### Notes to Financial Statements

For the year ended March 31, 2008

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#### 4. Commitments

##### (a) Capital asset acquisitions

At March 31, 2008, commitments for acquisition of capital assets were \$671,570 (2007 - \$732,973).

##### (b) Supplier payments

At March 31, 2008, commitments for outstanding purchase orders were \$1,090,340 (2007 - \$1,085,825).

##### (c) Capital projects

The RHA has been approved to proceed with the development design and schematic design phase of the Preeceville Integrated Health Facility with a maximum approved Sask. Health shareable portion of \$10,000,000. This project includes maintaining ten acute-care beds, establishing a total of 40 long-term care beds and renovating existing facilities as funding is available. As at March 31, 2008, costs incurred total \$5,568,219 (2007 - \$722,064) and are included in construction-in-progress in these financial statements.

Sunrise RHA entered into a guaranteed energy performance savings contract with SaskPower Energy Solutions Company on September 27, 2007. The total cost of the energy performance contract is \$6,070,838 plus GST. As at March 31, 2008, construction costs incurred total \$2,786,801 and are included in construction-in-progress in these financial statements.

##### (d) Operating leases

Minimum annual rentals under operating leases on property and equipment over the next five years are as follows:

2009	501,800
2010	454,300
2011	272,300
2012	187,600
2013	143,500
Thereafter	<u>290,900</u>
Total minimum lease payments	<u>\$ 1,850,400</u>

# Sunrise Regional Health Authority

## Notes to Financial Statements

For the year ended March 31, 2008

### 5. Deferred Revenue

	Balance, Beginning of Year	Less: Amount Recognized	Add: Amount Received	Balance, End of Year
<b>Revenue</b>				
<b>Sask. Health Initiatives</b>				
High quality workplace	44,743	39,325		5,418
Needle exchange	739	16,739	16,000	
Quality health workplace initiatives	29,239	29,429	38,055	37,865
Clinical education and training	8,069	29,567	38,055	16,557
Public health capacity	24,556	24,556		
Project Hope - population health Immunization management system	32,130	76,287	70,000	25,843
Vaccine immunization program	9,000	9,000		
Federal accord - home care	9,389	9,389		
MDS home care project	131,046	49,978		81,068
Hemodialysis expansion	100,000	19,021		80,979
Project Hope - other	81,753	4,391	42,000	119,362
Secure care youth detox	32,200	28,469	4,200	7,931
Facility assessment audit	34,785	140,457	160,000	54,328
Primary care - RN/NP services	115,000	128,264	30,000	16,736
Pharmacist enhancement	59,032	30,882		28,150
Nurse safety training			40,000	40,000
24/7 medical remuneration		127,015		127,015
Project Hope - respite care home		153,037		99,136
Project Hope - recreation therapist		87,500		33,112
Project Hope - drop-in centre	35,716		55,000	19,284
Children's mental health outreach			20,500	13,690
Autism			38,000	38,000
Positive workplace			28,000	28,000
Infant influenza			75,000	75,000
MMR immunization record check			3,180	3,180
Primary care strategic initiatives	4,986			4,986
	<u>711,681</u>	<u>786,569</u>	<u>1,047,195</u>	<u>16,667</u>
				16,667
				<u>972,307</u>
<b>Non-Sask. Health Initiatives</b>				
Sask. Housing Corporation mortgage subsidy	17,565	17,565	15,796	15,796
Kids First	125,643	1,034,445	1,113,549	204,747
Acquired brain injury	30,586	73,457	73,528	30,657
Assist program	467			467
Nova Nordish - conference support	3,550	3,550		
Rent received in advance	23,505	23,505	9,245	9,245
S.R.N.A. grant	4,109	4,134	5,674	5,649
Teen wellness	22,500	2,670		19,830
Ministry of Social Services		30,431	58,725	28,294
SGI senior fair	500	500		
SAHO - employee kiosks	5,570			5,570
Dietary education			2,000	2,000
Project Hope - corrections		998	37,500	36,502
Babyfriendly - Kids First			15,000	15,000
St. Paul's minor capital donations			5,602	5,602
Royal Purple children's donations		725	2,272	1,547
	<u>233,995</u>	<u>1,191,980</u>	<u>1,338,891</u>	<u>380,906</u>
	<u>\$ 945,676</u>	<u>\$ 1,978,549</u>	<u>\$ 2,386,086</u>	<u>\$ 1,353,213</u>

# Sunrise Regional Health Authority

## Notes to Financial Statements For the year ended March 31, 2008

### 6. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2008	Balance Outstanding 2007
Yorkton and District Nursing Home CMHC, due September 1, 2018	5.875%	\$23,481; mortgage renewal date, September 1, 2018	184,288	196,679
CMHC, due June 1, 2027	8.000%	\$69,670; mortgage renewal date, June 1, 2027	689,718	704,472
CMHC, due November 1, 2022	5.420%	\$163,120 of which \$57,689 is subsidized by SHC; yielding an effective interest rate of 1.95%; mortgage renewal date, December 1, 2012	1,654,476	1,726,586
Foam Lake Jubilee Home CMHC, due February 1, 2008	7.500%	\$5,834; mortgage renewal date, February 1, 2008		522
CMHC, due May 1, 2017	5.750%	\$10,911; mortgage renewal date, May 1, 2017	77,822	84,115
CMHC, due January 1, 2022	4.310%	\$42,712 of which \$9,983 is subsidized by SHC; yielding an effective interest rate of 1.99%; mortgage renewal date, December 1, 2016	426,568	448,679
Lakeside Manor Care Home CMHC, due August 1, 2021	4.310%	\$95,632 of which \$24,958 is subsidized by SHC; yielding an effective interest rate of 1.71%; mortgage renewal date, December 1, 2016	949,546	1,000,794
Theodore Health Centre CMHC, due December 1, 2023	4.540%	\$50,070 of which \$9,834 is subsidized by SHC; yielding an effective interest rate of 2.79%; mortgage renewal date, February 1, 2015	564,169	588,212
Langenburg Centennial Special Care Home CMHC, due September 1, 2026	8.000%	\$27,884; mortgage renewal date, September 1, 2026	271,322	277,584
CMHC, due April 1, 2022	4.420%	\$56,944 of which \$13,122 is subsidized by SHC; yielding an effective interest rate of 2.04%; mortgage renewal date, March 1, 2017	547,043	574,478

# Sunrise Regional Health Authority

## Notes to Financial Statements

For the year ended March 31, 2008

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### 6. Mortgages Payable - continued

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2008	Balance Outstanding 2007
Invermay Health Centre CMHC, due March 1, 2017	4.610%	\$27,778 of which \$7,122 is subsidized by SHC; yielding an effective interest rate of 1.19%; mortgage renewal date, June 1, 2016	202,188	219,928
	4.610%		400,780	420,415
Norquay Health Centre CMHC, due March 1, 2017	4.610%	\$27,156 of which \$6,409 is subsidized by SHC; yielding an effective interest rate of 1.46%; mortgage renewal date, June 1, 2016	197,660	215,002
	4.610%		414,452	434,437
Canora Gateway Lodge CMHC, due January 1, 2023	7.250%	\$30,450; mortgage renewal date, January 1, 2023	278,058	288,248
	4.610%		369,929	402,024
Kamsack Nursing Home Sask. Finance, due May 1, 2007	5.375%	\$307; mortgage renewal date, May 1, 2007		291
	4.42%		663,170	722,589
Preeceville Lions Housing CMHC, due May 1, 2016	5.375%	\$5,115; mortgage renewal date, May 1, 2016		37,048

# Sunrise Regional Health Authority

## Notes to Financial Statements

For the year ended March 31, 2008

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### 6. Mortgages Payable - continued

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2008	Balance Outstanding 2007
Preeceville Lions Housing CMHC, due March 1, 2008	4.41%	\$49,902 of which \$8,516 is subsidized by SHC; yielding an effective interest rate of 0.00%; mortgage renewal date, March 1, 2008		48,616
St. Paul Lutheran Home of Melville CMHC, due June 1, 2018	5.750%	\$15,859; mortgage renewal date, June 1, 2018	122,991	131,594
CMHC, due August 1, 2022	5.520%	\$112,991 of which \$43,388 is subsidized by SHC; yielding an effective interest rate of 1.69%; mortgage renewal date, September 1, 2012	1,126,062	1,175,955
Ituna & District Pioneer Lodge CMHC, due April 1, 2025	8.000%	\$28,656; mortgage renewal date, April 1, 2025	269,396	276,541
Esterhazy Centennial Special Care Home CMHC, due July 1, 2019	6.875%	\$20,918; mortgage renewal date, July 1, 2019	165,152	174,527
CMHC, due August 1, 2022	4.440%	\$46,877 of which \$11,159 is subsidized by SHC; yielding an effective interest rate of 2.10%; mortgage renewal date, December 1, 2017	505,063	529,920
East Central Regional Laundry Bank of Montreal, due January 1, 2009	4.24%	\$445,496; mortgage renewal date, January 1, 2009	363,721	784,205
Energy renewal project Concentra Financial, due 2032	prime 5.25%	interest only during construction, replaced with a term facility up to the authorized limit of \$6,150,000 with interest to be fixed at the 5-year Government of Canada bond rate plus 1.25%, renewed after 5 years	<u>2,284,610</u> <u>12,728,184</u> <u>897,400</u>  <u>\$ 11,830,784</u>	<u>11,463,461</u> <u>980,100</u>  <u>\$ 10,483,361</u>
Less: Current portion				

# Sunrise Regional Health Authority

## Notes to Financial Statements

For the year ended March 31, 2008

### 6. Mortgage Payable - continued

For each of the mortgages, the RHA has pledged the related buildings of the facilities as security. Principal amounts due within each of the next five years are estimated as follows:

2009	897,400
2010	614,000
2011	646,100
2012	679,800
2013	715,400
2014 and subsequent	<u>9,175,484</u>
	<u><u>\$ 12,728,184</u></u>

### 7. Net Change in Non-Cash Working Capital

	<u>Operating Fund</u>		<u>Restricted Funds</u>		
	2008	2007	Capital Fund	Community	2008 Total
				Trust and Endowment Funds	
Decrease (increase)					2007 Total
Accounts receivable	( 565,320)	4,104,046	( 372,707)	806	( 371,901)
Inventory	( 11,422)	( 34,409)			1,450,175
Prepaid expenses	82,328	78,333	( 472,926)		( 12,286)
Increase (decrease)					
Accounts payable	184,813	2,211,881	96,576		341,277
Accrued liabilities	1,605,535	( 7,693,202)	4,106	4,106	( 7,032)
Deferred revenue	<u>409,306</u>	<u>40,547</u>	<u>( 1,769)</u>	<u>806</u>	<u>( 1,769)</u>
	<u><u>\$ 1,705,240</u></u>	<u><u>\$ ( 1,292,804)</u></u>	<u><u>\$ ( 746,720)</u></u>	<u><u>\$ 806</u></u>	<u><u>\$ ( 745,914)</u></u>
					<u><u>\$ 1,769,381</u></u>

### 8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents utilizing the RHA's facilities. The total cost held in trust as at March 31, 2008 was \$242,154 (2007 - \$239,168). These amounts are not reflected in the financial statements.

### 9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan crown agencies such as departments, corporations, boards and commissions under the common control of the government of Saskatchewan. The RHA is also related to non-crown enterprises that the government jointly controls or significantly influences. In addition, the RHA is related to other non-government organizations by virtue of its economic interest in these organizations.

# Sunrise Regional Health Authority

## Notes to Financial Statements

For the year ended March 31, 2008

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### 9. Related Parties - continued

#### (a) Related-party transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

Financial Statement Accounts	2008	2007
<b>Assets</b>		
Accounts Receivable		
Saskatchewan Government Insurance	\$ 22,815	\$ 47,434
SAHO	30,210	26,488
Sask. Workers' Compensation Board		13,414
Prepaid Expenses		
SaskTel	22,370	12,577
SAHO	131,624	125,399
<b>Liabilities</b>		
Accounts Payable		
Saskatchewan Health Employees Pension Plan *	1,267,453	12,742
Sask. Workers' Compensation Board	607,812	789,924
SAHO - Disability Income Plan *	312,597	289,602
SaskEnergy	69,622	68,486
Sask. Property Management Corporation	10,711	30,991
SaskTel	37,222	30,982
SaskPower	615,010	18,839
SAHO	17,358	3,943
SAHO - Employee Benefit Programs *	125,616	72,413
Regina Qu'Appelle Health Region	23,070	2,637
Revenue		
Sask. Workers' Compensation Board	315,984	247,808
Saskatchewan Government Insurance	139,490	129,934
Expenses		
Saskatchewan Health Employees Pension Plan *	11,666,852	10,556,653
Sask. Workers' Compensation Board	2,200,661	1,897,857
SAHO - Disability Income Plan *	2,614,174	2,513,379
SAHO - Enhanced Dental Plan *	2,748,790	3,189,127
SaskPower	3,923,824	1,544,329
SaskEnergy	1,507,896	1,185,300
SAHO - Employment Strategy *	141,499	130,164
SAHO - Core Dental Plan *	1,033,804	892,724
Sask. Property Management Corporation	762,506	670,745
SaskTel	513,280	439,583
Public Employees Pension Plan *	314,792	291,825
SAHO	391,935	471,911
Saskatoon Health Region		116,840
Public Service Superannuation Board *	60,182	72,316
Regina Qu'Appelle Health Region	130,555	237,811

\* Indicates that employee portion is included in the above expense.

## Sunrise Regional Health Authority

### Notes to Financial Statements For the year ended March 31, 2008

#### 9. Related Parties - continued

##### (a) Related-party transactions - continued

In addition, the RHA pays provincial sales tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

##### (b) Health-care organizations

###### (i) Community-based organizations and third parties

The RHA has also entered into agreements with community-based organizations (CBO's) and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBO's and third parties:

	2008	2007
Yorkton Mental Health Drop In Centre	98,253	
Canadian Mental Health Association (Saskatchewan/Yorkton Division) Inc.	106,417	
Parkland Alcohol & Drug Abuse Society Inc.	61,275	
Society for Involvement of Good Neighbours Inc.	<u>252,842</u>	<u>243,945</u>
	<u><u>\$ 351,095</u></u>	<u><u>\$ 411,637</u></u>

###### (ii) Affiliates with joint service management agreements

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately-owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. Further, the RHA provides most of the affiliate's funding. Accordingly, the RHA has the ability to affect the strategic operating, investing and financing activities of the affiliates.

The RHA consolidated financial statements include the accounts of St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville based on the joint service management agreement held with each of the three organizations. The following information, which combines the operating fund and capital fund, is supplementary to those statements.

# Sunrise Regional Health Authority

## Notes to Financial Statements For the year ended March 31, 2008

### 9. Related Parties - continued

#### (b) Health-care organizations - continued

##### (ii) Affiliates with joint service management agreements - continued

	St. Anthony's Hospital	St. Peter's Hospital	St. Paul Lutheran Home	2008 Total	2007 Total
<b>Statement of Financial Position</b>					
Total assets	\$ 1,688,266	\$ 1,275,001	\$ 4,809,244	\$ 7,772,511	\$ 7,948,849
Total liabilities	233,377	469,603	2,511,195	3,214,175	3,242,345
Total fund balances	1,454,889	805,398	2,298,049	4,558,336	4,706,504
	<u>\$ 1,688,266</u>	<u>\$ 1,275,001</u>	<u>\$ 4,809,244</u>	<u>\$ 7,772,511</u>	<u>\$ 7,948,849</u>
<b>Results of Operations</b>					
RHA grant	2,964,548	6,459,623	6,932,433	16,356,604	15,544,573
Other revenue	153,230	322,169	3,028,725	3,504,124	3,363,087
Total revenue	3,117,778	6,781,792	9,961,158	19,860,728	18,907,660
Salaries and benefits	2,454,864	5,147,897	8,345,244	15,948,005	7,006,572
Other expenses *	709,203	1,631,877	1,733,468	4,074,548	11,861,526
Total expenses	3,164,067	6,779,774	10,078,712	20,022,553	18,868,098
Excess (deficiency) of revenue over expenses	<u>\$( 46,289)</u>	<u>\$ 2,018</u>	<u>\$( 117,554)</u>	<u>\$( 161,825)</u>	<u>\$ 39,562</u>

\* Other expenses includes amortization of \$527,517 (2007 - \$489,138).

#### Cash Flows

Cash from operations	5,723	73,755	237,556	317,034	1,011,863
Cash used in financing activities			( 58,496)	( 58,496)	( 55,512)
Cash used in investing activities **	<u>( 48,482)</u>	<u>( 162,738)</u>	<u>( 106,690)</u>	<u>( 317,910)</u>	<u>( 318,950)</u>
Increase (decrease) in cash	<u>\$( 42,759)</u>	<u>\$( 88,983)</u>	<u>\$ 72,370</u>	<u>\$( 59,372)</u>	<u>\$ 637,401</u>

\*\* Cash used in investing activities includes capital purchases of \$363,210 (2007 - \$424,543).

# Sunrise Regional Health Authority

## Notes to Financial Statements

For the year ended March 31, 2008

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### 9. Related Parties - continued

#### (b) Health-care organizations - continued

##### (iii) Fund-raising foundations

Fund-raising efforts are undertaken through the non-profit business corporations known as The Health Foundation of East Central Saskatchewan Inc., St. Peter's Hospital Foundation (Melville) Inc. and St. Anthony's Hospital Foundation Inc. (the Foundations). The RHA or the respective affiliates have an economic interest in the Foundations. The Foundations have the following year-ends:

The Health Foundation of East Central Saskatchewan Inc. - December 31

St. Peter's Hospital Foundation (Melville) Inc. - December 31

St. Anthony's Hospital Foundation Inc. - March 31

	St. Peter's				2008	2007
	St. Anthony's	Hospital	Health			
	Foundation	Foundation	Foundation			
	Inc.	(Melville) Inc.	of ECS Inc.			
<b>Statement of Financial Position</b>						
Total assets	\$ 934,914	\$ 589,140	\$ 1,695,354	\$ 3,219,408	\$ 2,810,528	
Total liabilities	48	1,976	857,303	859,327	667,987	
Total fund balances	934,866	587,164	838,051	2,360,081	2,142,541	
	<u>\$ 934,914</u>	<u>\$ 589,140</u>	<u>\$ 1,695,354</u>	<u>\$ 3,219,408</u>	<u>\$ 2,810,528</u>	
<b>Results of Operations</b>						
Total revenues	45,912	133,342	1,277,950	1,457,204	1,718,450	
Total contributions to the RHA	( 26,332)	( 92,047)	( 940,782)	( 1,059,161)	( 1,659,286)	
Total operating expenses	( 3,262)	( 2,210)	( 175,302)	( 180,774)	( 220,902)	
Excess (deficiency) of revenue over expenses	<u>\$ 16,318</u>	<u>\$ 39,085</u>	<u>\$ 161,866</u>	<u>\$ 217,269</u>	<u>\$ ( 161,738)</u>	
<b>Cash Flows</b>						
Cash from operations	( 125,904)	33,332	504,602	412,030	264,997	
Cash from (used in) financing and investing activities	115,939	( 14,756)	( )	101,183	( 67,409)	
Increase (decrease) in cash	<u>\$ ( 9,965)</u>	<u>\$ 18,576</u>	<u>\$ 504,602</u>	<u>\$ 513,213</u>	<u>\$ 197,588</u>	

## **Sunrise Regional Health Authority**

### **Notes to Financial Statements**

**For the year ended March 31, 2008**

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### **10. Pension**

Employees of the RHA participate in one of the following pension plans:

**(a) Saskatchewan Healthcare Employees' Pension Plan (SHEPP)**

This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and was governed by the SAHO Board of Directors).

**(b) Public Service Superannuation Plan (a related party)**

This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

**(c) Public Employees' Pension Plan (a related party)**

This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense for the year amounted to \$5,965,858 (2007 - \$6,016,415) and is included in benefits in schedule 1.

Effective April 1, 2007, contribution rates increased as follows for the Public Employees' Pension Plan:

6% to 7% of pensionable earnings up to the yearly maximum pensionable earnings (CPP).

### **11. Budget**

The RHA Board approved the 2007-2008 budget plan on September 26, 2007.

## **Sunrise Regional Health Authority**

### **Notes to Financial Statements**

**For the year ended March 31, 2008**

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## **12. Financial Instruments**

### **(a) Significant terms and conditions**

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

### **(b) Credit risk**

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces; therefore, the credit risk is minimal.

### **(c) Fair value**

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

**(i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:**

Cash and short-term investments  
Accounts receivable  
Accounts payable  
Accrued salaries and vacation payable

**(ii) For investments, the fair value is considered to approximate quoted market values.**

**(iii) The fair value of mortgages payable before the repayment required within one year approximates the book value of the mortgages.**

### **(d) Operating line-of-credit**

The RHA has an approved operating line-of-credit of \$15,750,000 (2007 - \$14,000,000) with interest charged at a rate of prime less 0.75%, which is renegotiated annually. The line-of-credit is secured by an assignment of grants and revenues of the RHA. Total interest paid on the line-of-credit in 2008 was \$522,455 (2007 - \$609,024). The line-of-credit was approved by the Minister on October 7, 1998.

The affiliates also have operating lines-of-credit with limits totalling \$650,000 (2007 - \$650,000). These lines-of-credit are secured by an assignment of grants and revenues from the RHA. Total interest paid on these lines-of-credit in 2008 was \$4,388 (2007 - \$3,565).

## **Sunrise Regional Health Authority**

Notes to Financial Statements  
For the year ended March 31, 2008

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### **12. Financial Instruments - continued**

#### **(e) Other financial instruments**

The RHA classifies its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act.

Cash is classified as held-for-trading. Accounts receivable are classified as loans and receivables. The carrying value approximates fair value due to the short-term nature of these instruments.

Investments are classified as held-for-trading assets and recorded at fair value. Transaction costs related to held-for-trading financial assets are expensed as incurred. The change in the fair value of the investments is recognized in net income.

Bank indebtedness is classified as held-for-trading. The carrying value approximates fair value due to the short-term nature of the instrument. Accounts payable, accrued salaries and vacation payable are classified as other liabilities. The carrying value approximates fair value due to the short-term nature of these instruments.

Mortgages payable are classified as other liabilities and recorded at amortized cost. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

The RHA selected January 1, 2003 as the transition date for the identification and recognition of embedded derivatives. Accordingly, only contracts or financial instruments entered into or modified after the transition date were reviewed for embedded derivatives. As at March 31, 2008, the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

# Sunrise Regional Health Authority

Notes to Financial Statements  
For the year ended March 31, 2008

## 13. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2008			2007		
	Operating Fund	Capital Fund	Community Trust and Endowment Funds	Operating Fund	Capital Fund	Community Trust and Endowment Funds
Capital asset purchases by other funds	( 1,135,268)	1,528,383	( 393,115)	( 842,185)	944,529	( 102,344)
Replacement reserve allocations paid by operating fund	( 128,260)	128,260		( 133,356)	133,356	
Operating expenditures financed by replacement reserve	( 220,906)	220,906		( 220,906)	220,906	
Operating expenditures financed by community trust funds	33,520	( 33,520)		5,803	( 5,803)	
Operating expenditures financed by capital fund	45,277		( 45,277)	20,909		( 20,909)
	<u>30,015</u>	<u>( 30,015)</u>	<u>_____</u>	<u>18,898</u>	<u>( 18,898)</u>	<u>_____</u>
	<u><u>\$ ( 1,375,622)</u></u>	<u><u>\$ 1,814,014</u></u>	<u><u>\$ ( 438,392)</u></u>	<u><u>\$ ( 1,150,837)</u></u>	<u><u>\$ 1,274,090</u></u>	<u><u>\$ ( 123,253)</u></u>

## 14. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

## 15. Community-Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the board. The assets are interest-bearing with the interest credited to the trust balance. The board presently administers \$223,218 (2007 - \$636,595) under these agreements.

Following is the status of the trust funds at March 31, 2008:

Each trust fund has a "trust advisory committee" which is appointed by the various towns, villages, hamlets and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health-related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the RHA with respect to any use of the trust fund.

## **Sunrise Regional Health Authority**

### **Notes to Financial Statements**

**For the year ended March 31, 2008**

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#### **16. Joint Job Evaluation Reconsiderations**

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, the Reconsideration Committee completed recommendations on these appeals and major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual "outstanding bundling issues" that consist of recommendations by the Reconsideration Committee that were not agreed to by the Steering Committee. Outcomes of the Tribunal resulted in further "bundling issues" regarding additional classifications created and revised duties of existing classifications. A process to deal with these additional "bundling issues" is being negotiated between respective unions and SAHO and is expected to extend well into 2008.

A financial obligation to pay reconsideration costs occurs once the Steering Committee and the Reconsideration Committee reach a consensus decision. The results of outstanding bundling issues are currently unknown. The costs of these cannot be reasonably determined at this time.

#### **17. Energy Renewal Project**

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. SaskPower Energy Solutions performed extensive research to establish a base line of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost saving that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan.

Sunrise RHA entered into a guaranteed energy performance savings contract with SaskPower Energy Solutions Company on September 27, 2007. The total cost of the energy performance contract is \$6,070,838 plus GST. As at March 31, 2008, construction costs of \$2,786,801 have been financed through a construction debt facility of \$2,284,610, which bears interest at a floating rate equal to the prime rate. The total construction debt facility is scheduled to be replaced with a term debt facility of up to \$6,150,000 at the earlier of the construction completion date or December 31, 2008, which shall bear interest at a fixed rate equal to the yield payable on the 5-year Canada Bond rate plus 1.25% per annum. The term debt facility is to be amortized for a period of 23 years.

Total estimated utility savings for 2008 is \$25,785.

Total interest cost on the construction debt facility in 2008 is \$21,622.

## Sunrise Regional Health Authority

Schedule of Expenses by Object  
For the year ended March 31, 2008

**Schedule 1**

	<b>Budget</b> <b>2008</b>	<b>Actual</b> <b>2008</b>	<b>Actual</b> <b>2007</b>
<b>Operating</b>			
Board costs	117,200	84,772	92,020
Compensation - benefits	19,287,179	19,474,420	18,819,899
Compensation - salaries	103,142,554	105,884,637	97,945,343
Diagnostic imaging supplies	374,278	316,967	337,857
Drugs	2,517,947	2,187,905	2,146,166
Food	2,606,210	2,647,548	2,546,192
Grants to ambulance services	2,406,100	2,581,726	2,327,268
Grants to third parties	377,721	477,114	612,644
Housekeeping and laundry supplies	1,461,840	1,520,012	1,482,361
Information technology contracts	364,678	347,252	317,927
Insurance	410,082	413,678	399,164
Interest	589,445	547,073	634,657
Laboratory supplies	1,110,313	1,031,853	959,676
Medical and surgical supplies	2,719,030	2,859,921	2,611,608
Medical remuneration and benefits	5,568,936	5,963,053	5,145,571
Office supplies and other office costs	984,282	1,000,253	991,940
Other	1,820,642	1,904,808	1,623,568
Other referred-out services	1,235,870	1,203,423	801,577
Professional fees	733,669	818,082	661,262
Prosthetics	213,753	210,559	199,438
Purchased services	1,033,030	396,730	856,207
Rent/lease costs	825,071	1,046,028	745,279
Repairs and maintenance	879,262	1,126,189	891,254
Service contracts	1,159,940	1,211,490	1,103,944
Travel	1,526,069	1,446,824	1,417,032
Utilities	4,121,816	4,020,710	3,952,924
	<b><u>\$ 157,586,917</u></b>	<b><u>\$ 160,723,027</u></b>	<b><u>\$ 149,622,778</u></b>
<b>Restricted</b>			
Amortization	5,464,957	5,384,613	
Loss (gain) on disposal of capital assets	( 13,788)	33,209	
Mortgage interest expense	570,414	633,239	
Other	53,435	656,435	
	<b><u>\$ 6,075,018</u></b>	<b><u>\$ 6,707,496</u></b>	

# Sunrise Regional Health Authority

## Schedule of Cash and Investments

As at March 31, 2008

**Schedule 2**

	Maturity Date	Effective Rate	Restricted Amount *	Unrestricted Amount	Total
<b>Cash and Short-Term Investments</b>					
Cash, chequing and savings accounts		0-2.5%	3,813,943	391,137	4,205,080
Treasury bill fund		1.76%		5,235	5,235
Guaranteed investment certificates					
Canadian Western Bank	06/16/2008	3.65%		54,760	54,760
Bonds and debentures					
Government of Canada	10/01/2008	3.15%		17,000	17,000
Province of British Columbia	06/09/2008	4.10%	53,999		53,999
<b>Total Cash and Short-Term Investments</b>			<u>3,867,942</u>	<u>468,132</u>	<u>4,336,074</u>
<b>Long-Term Investments</b>					
Bonds and debentures					
Province of Saskatchewan savings bond	07/15/2012	4.20%	52,500		52,500
Province of Prince Edward Island coupon bond	09/18/2009	4.31%		11,890	11,890
Guaranteed investment certificates					
Pacific & Western	07/26/2009	4.65%		18,074	18,074
Canadian Western Trust	07/26/2009	4.55%	30,889		30,889
National Bank of Canada	10/12/2010	4.86%	17,933		17,933
Equity in co-operatives		0.00%		15,842	15,842
Notes receivable - physicians		0.00%		258,731	258,731
<b>Total Long-Term Investments</b>			<u>101,322</u>	<u>304,537</u>	<u>405,859</u>
<b>Total Cash and Investments</b>			<u>\$ 3,969,264</u>	<u>\$ 772,669</u>	<u>\$ 4,741,933</u>

The carrying amounts of the long-term investments approximate fair value.

\* Restricted investments consist of:

- Community-generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment) (SHC) held in the Capital Fund (Schedule 4).

# Sunrise Regional Health Authority

## Schedule of Externally-Restricted Funds

For the year ended March 31, 2008

**Schedule 3**

	<b>Balance, Beginning of Year</b>	<b>Investment Income</b>	<b>Capital Expenditures</b>	<b>Operating Expenses</b>	<b>Balance, End of Year</b>
<b>Pre-Amalgamation Trust Accounts</b>					
Canora Hospital	542	47		( 589)	
Centennial Special Care Home	99,021	3,691		( 66,013)	36,699
Preeceville Hospital	123,336	733		( 124,069)	
Esterhazy Home Care	74,164	3,152		( 3,853)	73,463
Foum Lake primary care	23,458	990		( 5,000)	19,448
Gateway Lodge - Canora	32,971	1,227		( 32,923)	1,275
Gateway Lodge - Invermay	2,083	22		( 2,105)	
Invermay Health Centre	19,797	211		( 20,008)	
Lakeside Manor Care Home	5,555	158		( 5,713)	
Preeceville Lions Housing	161,692	1,528		( 163,220)	
Theodore Health Centre	93,976	3,752		( 5,395)	92,333
	<u>636,595</u>	<u>15,511</u>	<u>0</u>	<u>( 428,888)</u>	<u>223,218</u>
<b>Endowment Fund</b>					
Dr. Borys Tolczynski Memorial Fund	<u>374,341</u>	<u>16,326</u>	<u>0</u>	<u>( 32,115)</u>	<u>358,552</u>
	<u><u>\$ 1,010,936</u></u>	<u><u>\$ 31,837</u></u>	<u><u>\$ 0</u></u>	<u><u>\$ ( 461,003)</u></u>	<u><u>\$ 581,770</u></u>

	<b>Balance, Beginning of Year</b>	<b>Investment Income</b>	<b>Donations</b>	<b>Operating Expenses</b>	<b>Withdrawals</b>	<b>Balance, End of Year</b>
<b>Capital Fund -</b>						
<b>Donations for Capital Assets</b>						
Acute care administration	852					852
Canora Hospital	24,037	1,076	5,140	( 1,153)	( 4,318)	24,782
Central district - other		392	4,176			4,568
Esterhazy C.S.C.H.	105,234	4,490	6,759	( 5,938)	( 2,892)	107,653
Gateway Lodge - Canora	111,814	4,948	6,567			123,329
Home Care	10,430	464	6,198	( 4,225)		12,867
Invermay Health Centre	2,151	116	715	( 2,125)		857
Ituna Pioneer Healthcare Centre	5,600	104	3,937	( 1,785)	( 6,410)	1,446
Kamsack Hospital	47,843	2,128	6,758	( 931)	( 3,670)	52,128
Kamsack Nursing Home	13,384	743	5,358	( 15)		19,470
Lakeside Manor Care Home	60,059	2,686	2,250	( 259)	( 1,552)	63,184
Mental Health	369	53				422
Norquay Health Centre	22,620	930	3,125	( 1,156)		25,519
Parkland Alcohol & Drug Services	14,803	536		( 9,500)		5,839
Preeceville building fund	27,991	1,512	16,239			45,742
Preeceville Hospital	65,591	2,859	95	( 97)		68,448
Preeceville Lions Housing	3,916	171	80			4,167
Rama First Responders	1,079	57				1,136
St. Anthony's Hospital	9,177	26		( 25)		9,178
St. Paul Lutheran Home	20,000					20,000
South district - other	9,567	112			( 8,155)	1,524
Yorkton R. H. C.	14,597	589	2,532	( 2,806)		14,912
	<u><u>\$ 571,114</u></u>	<u><u>\$ 23,992</u></u>	<u><u>\$ 69,929</u></u>	<u><u>\$ ( 30,015)</u></u>	<u><u>\$ ( 26,997)</u></u>	<u><u>\$ 608,023</u></u>

# Sunrise Regional Health Authority

## Schedule of Internally-Restricted Funds

For the year ended March 31, 2008

**Schedule 4**

	<b>Balance, Beginning of Year</b>	<b>Current Year Allocation</b>	<b>Investment Income</b>	<b>Capital Expenditures</b>	<b>Operating Expenses</b>	<b>Balance, End of Year</b>
<b>Capital</b>						
Replacement reserve funds						
Esterhazy Centennial Special Care Home	42,604	13,008	1,859	( 7,173)	( 1,772)	48,526
Foam Lake Jubilee Home	36,358	11,592	1,736	( 13,056)	( 5,349)	31,281
Gateway Lodge - Canora	26,361	14,256	1,420		( 2,430)	39,607
Invermay Health Centre	18,873	7,008	942		( 889)	25,934
Ituna Pioneer Healthcare Centre	44,894	5,604	1,987	( 7,683)	( 3,745)	41,057
Kamsack Nursing Home	67,349	14,592	3,124	( 7,243)	( 2,314)	75,508
Lakeside Manor Care Home	77,614	8,004	2,673	( 23,734)	( 4,112)	60,445
Langenburg Health Care Complex	880	10,284	240			11,404
Norquay Health Centre	36,063	7,008	1,384		( 12,909)	31,546
Preeceville Lions Housing	126,327		5,120	( 131,447)		
St. Paul Lutheran Home	142,577	15,400	6,559	( 53,257)		111,279
Yorkton & District Nursing Home	115,050	21,504	5,152	( 75,182)		66,524
	734,950	128,260	32,196	( 318,775)	( 33,520)	543,111
Other internally-restricted funds						
Funds for future capital expenditures	230,927	2,682,756	27,863	0	0	2,941,546
	\$ 965,877	\$ 2,811,016	\$ 60,059	\$ ( 318,775)	\$ ( 33,520)	\$ 3,484,657
<b>Operating</b>						
Other internally-restricted funds						
St. Paul Lutheran Home Education fund	\$ 37,004	\$ 0	\$ 1,409	\$ 0	\$ ( 5,812)	\$ 32,601

**Sunrise Regional Health Authority**  
 Schedule of Board Remuneration, Benefits and Allowances  
 For the year ended March 31, 2008

**Schedule 5**

	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2008 Total	2007 Total
<b>RHA Members</b>								
Irene Adams		1,900		604			2,504	3,520
Lawrence Chomos		3,000		1,631		89	4,720	922
Patricia Hack		2,200		928		56	3,184	203
Janet Hill		2,288		380		49	2,717	2,727
Audrey Horkoff		2,000		813		46	2,859	3,963
Karen Keshane								3,413
Raymond King								1,123
Greg Kobylka		2,845		445		103	3,393	7,659
Beverly Kostichuk								101
John Nightingale								2,821
Jennie Ortynsky		1,000		194			1,194	1,921
Ivan Peterson	9,960	7,013		3,375		893	21,241	30,386
Dennis Popowich		2,863		835		77	3,775	526
Grant See		3,475		1,863			5,338	6,557
Walter Strelasky		788		180		10	978	2,613
Ben Weber								1,886
	_____	_____	_____	_____	_____	_____	_____	_____
	<u>\$ 9,960</u>	<u>\$ 29,372</u>	<u>\$ 0</u>	<u>\$ 11,248</u>	<u>\$ 0</u>	<u>\$ 1,323</u>	<u>\$ 51,903</u>	<u>\$ 70,341</u>

*See accompanying notes to the financial statements.*

